

**Investigating the Intersecting Influences of Barriers to Schooling
in a Rural/Suburban Context:
A Case Study of Grade 6 Learners in a
Primary School in the District of Chatsworth**

By

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To my Mother , thanks Ma for your support .

DEDICATION

I dedicate this research study to my dad, Selvaperumal Kitoony Nair, who was instrumental in grounding my education in my formative years. Dad, thank you for teaching me the value of education. I am proud to be your daughter.

DECLARATION OF ORIGINALITY

I, Vanasoundri Nadesan, declare that the research study contained herein is my own original work and has been submitted in partial fulfilment of the requirements of the Degree of Master of Education (Psychology of Education) in the School of Education at the University of KwaZulu Natal. This work has not been submitted for any degree to any other institution.

V. Nadesan

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ABSTRACT

This study explored the barriers to education experienced by a group of learners in the context of HIV and AIDS. It also examined the extent to which HIV/AIDS is viewed as an exclusionary factor in the schooling experiences of primary school children. The research site was a co-educational school that is a service provider to mostly disadvantaged learners from a lower socio-economic background. There were twelve participants in the study: six girls and six boys. Four focus group interviews were conducted with the children to explore their experiences of potential barriers to education. Within the focus group sessions, various participatory research techniques were employed in data collection, including projective techniques, drawing exercises and ranking exercises.

The study provides evidence of a complex, at times contradictory, and intricate web of barriers to education that learners experience in this schooling context. In general, various contextual factors have a profoundly negative impact on the children's schooling experiences, in particular their access to quality education. Children are exposed to multiple, complex layers of risk and trauma from growing up in the context of HIV and AIDS. There is little evidence that the school has the resources to provide emotional and psychological support. The study has implications for the development of policy and intervention strategies that may meet these children's needs. Finally, the study makes a contribution to research methodology in its use of participatory research techniques for data collection. The data exemplifies that children are active participants in and competent interpreters of their world – in this case their lives and schooling in the context of HIV and AIDS.

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CHAPTER 1

BACKGROUND AND ORIENTATION TO THE STUDY

1.1 Introduction

"Given the exponential growth of technology in a rapidly changing world, and given the growing disparities between the poor and the rich, education holds the key to our nation's success", according to Makhosandile Ndzuzo, District Director, Overberg Education District at the opening of the schooling conference hosted by the National Business Initiative (O'Connell, 2008: 1). In her news report O'Connell (2008) stated that the conference was the first of its kind in the new Overberg Education District of the Western Cape Education Department. It was also a first step in an attempt by the newly established district to inspire the leadership in that area to work together and find some answers to the questions about what ails education and what needs to be done to ensure that learners have access to quality education. Loewenson and Whiteside (2001) emphasise the impact education has on national development, income growth and labour productivity. O'Connell (2008) argued that there is overwhelming evidence throughout the world that there is a direct correlation between education and economic development. An educated society contributes to a prosperous nation. Furthermore, she provided statistical evidence on the current troubled state of education in South Africa, and added the government and civil society have to take ownership of the challenges facing the education system, change mindsets, acknowledge that there are no quick fixes, and commit addressing the barriers to quality education.

Professor Brian O'Connell, Vice Chancellor of the University of the Western Cape, examined the role of the school leader in providing access to quality education. Learning in South and Sub-Saharan Africa was compared to the rest of the world and a graphic representation indicated how badly southern Africa is faring on every indicator. Based on this evidence he concluded that "education is the country's biggest challenge by far, and if we do not respond to this challenge urgently and passionately our country and our sub-continent would fail" (O'Connell, 2008: 1). This has to be done while the country faces and deals with multiple challenges, one of which is that of building a democratic

state. Another challenge is that of integrating itself into the competitive sphere of international production and finance. Segregation and apartheid has resulted in the inequitable patterns of ownership, wealth and social and economic practices; consequently domestic, social and economic relations have to be reconstructed to eradicate and redress these inequitable patterns (O'Connell, 2008).

O'Connell (2008) cites Linda Rose, from the Western Cape Education Department who stressed at the conference the need to develop schools that are receptive to the changes in society and that the key goals are equity, access, efficiency and effectiveness. The entire world is changing dramatically and we as a nation are faced with challenges. If we want to successfully negotiate the challenges facing us we have to “respect knowledge, accept the power of knowledge, strive for knowledge and become a society that places a premium on learning as the highest human value” (O'Connell, 2008: 2).

The primary objective of any education system in a society governed by a democratic ethos should be the provision of quality education to all learners so as to enable them to realise their full potential, rendering them able to meaningfully contribute to and participate in that society throughout their lives. Ngcobo, (2006) explains and emphasises that the right to education be upheld by the education system as a fundamental constitutional right. Systems and mechanisms should be in place to ensure the creation of equal opportunities in the education provision for effective learning by all learners irrespective of their differences. The Convention on the Rights of the Child, Article 28 (United Nations, 1989), asserts the right of every child to education and requires that this should be provided for on the basis of equality of opportunity. Consequently all children have the right to receive the kind of education that does not discriminate on the grounds of disability, ethnic origin, religion, language, gender, race, capabilities, sex, socio-economic status, sexual orientation, age, and so on.

To realise this imperative is to commit to the broad vision of ‘Education for All’ as an inclusive concept. ‘Education for All’ takes “...cognisance of the needs of the poor and the most disadvantaged, including working children, remote rural dwellers and nomads, and ethnic and linguistic minorities, children, young people and adults affected by conflict, HIV/AIDS, hunger and poor health and disabled persons...” (Dakar Framework of Action, 2000, paragraph 19) The International Consultative Forum on

Education for All (2000) asserted that despite encouraging developments an estimated 113 million primary school going children in the world are not attending school. Ninety percent of them live in low and lower middle income countries, and over 80 million of children out-of-school live in Africa, and of those who do enrol primary school, large numbers drop out before completing their primary education for numerous reasons (UNESCO, 2001). The estimate by Lloyd and Hewit (2003) from a nationally representative Demographic and Health Survey from 26 countries in the Sub-Saharan Africa indicated that 37 million adolescents between the ages of 10 and 14 will not complete their primary schooling; representing eighty three percent of the youth in Sub-Saharan Africa. The Education for All Global Monitoring Report of 2007 on 129 countries produced by UNESCO (2008) indicates that although the number of children starting primary school has increased since 2000, poor quality, the high cost of schooling and persisting high levels of adult illiteracy undermine the chances of achieving education for all by 2015. Of the 25 countries that are affected, two thirds of these are in Sub-Saharan Africa. The most recent data point out less than 63% of pupils reach the last grade of primary school in 17 Sub-Saharan African countries with data; in several African countries fewer than half the pupils who start primary school reach the last grade (UNESCO, 2008). Ngoboco (2006) states that amongst a myriad of reasons for this wastage, it could be partly attributed to the fact that our system of education cannot adequately accommodate the diversity of needs of the learner population.

The social rights framework founded on the paradigm that society and its institutions are oppressive, discriminatory and disabling places on us the challenge to change institutions structurally and culturally to remove all obstacles or barriers to enable the participation of all citizens in all spheres of life (Campbell and Oliver, 1996). The school being referred to as the heart of educational change (Senge, 1990), reformation, restructuring and reculturing of the school will ensure that learners have access to the range of educational and social opportunities offered by the school (Mittler, 2000).

As education is a partnership it is the joint responsibility of all South Africans who have an interest in South African education to build a just, equitable, and high quality education system for all its citizens so that the broad vision of 'Education for All' as an inclusive concept is realised. According to UNESCO (2000) in the Education for All

thematic study, education must be such that it enhances the potential of children and young people to respect themselves and others, participate in the decisions of their society, live in peace and dignity and earn a living.

In the context of the above debates, the study presented in this dissertation aimed at mapping barriers to schooling and basic education and emerging social risk factors in the South African context. However, the research sought to analyse barriers to basic education in the specific context of HIV/AIDS. I examine below the broad areas of concern related to the impact of HIV and AIDS in South Africa and Sub-Saharan Africa.

1.2 Background to this Research Study

The HIV/AIDS pandemic has left no part of the world untouched (UNESCO, 2000). However, Sub-Saharan Africa presents a unique site in studying the impact of HIV and AIDS. According to UNESCO (2000) the greatest concentration of HIV infections and AIDS related deaths occurs in the developing world of which several countries in Sub-Saharan Africa account for 89% of HIV infections. In addition to that, by the end of 1999 an estimated 23, 3 million people in the countries of Sub-Saharan Africa, including over one million children, were living with HIV/AIDS (UNESCO, 2000).

South Africa is at the epicentre of the HIV pandemic (Moletsane, Morrell, Karim, Epstein and Unterhalter, 2002) that is changing the way we live that are profoundly complicated. More people are living with AIDS in South Africa than in any other country in the world. Research by Whiteside and Sunter (2000) indicate that South Africa has the fastest growing HIV/AIDS epidemic in the world with an estimated four million people infected and an infection rate of 32, 5%; over one million people in the worst affected province of KwaZulu Natal. The Report on the Global HIV/AIDS Epidemic, July 2004, published by UNAIDS (2004), revealed estimates at the end of 2003 of all people with HIV infection. An estimated 25 million adults and children were living with HIV in Sub-Saharan Africa at the end of 2003. An estimated 12 million children have been orphaned by AIDS and 2, 2 million people died from AIDS in Sub-Saharan Africa in 2003. The UNAIDS (2004) report defines children as being under the age of 15 at the end of 2003, whilst orphans are children aged under 17 who have lost one or both parents to AIDS. More recent research by UNAIDS (2006) indicates that about two-thirds of all HIV

infections in Sub-Saharan Africa occur among young people aged 15-24. In South Africa these patterns are even more pronounced with 10-12 % of young people living with AIDS (Shisana, Rehle, Simbaya, Parker, Zuma and Bhana, 2005). Concurring with this, research by Hallman (2004) indicated that at present 15% of the world's HIV-infected population aged 15-24 live in South Africa, although the country has less than 1% of the global population in this age group.

One aspect of the AIDS crises is the sheer impact the pandemic has on the population. Millions of children experience exclusionary pressures in schools, communities and in societies. A clearly linked phenomenon, Coombe (2002) illustrates the pandemic and its effects as a complex set of related problems that needs to be understood in very broad geographical, demographic, environmental, psychological, cultural, economic and social terms. Not only are individuals and communities affected, but society's systems and procedures. While in South Africa education is viewed as the key to social, cultural and political participation, as well as community empowerment (Badcock-Walters, 2002), HIV/AIDS represents the largest single threat to these democratic ideals. Badcock-Walters (2002) observed that 1.3 million school-aged children were out of school in Eastern Cape and KwaZulu Natal alone. Thus access to education or the lack of it may become so critical that young people constitute an entire 'lost' generation of educationally disenfranchised youth (Badcock-Walters, 2002). In this context, Coombe (2002: vii) emphasises the fact that education can no longer be "business as usual" as learning institutions in an AIDS-infected world cannot be the same as those in an AIDS-free world. Coombe (2002: vii) advocates a change in educational planning and management principles, curriculum development goals and the way we do education if the quality and level of education provision are to be sustained so that all can benefit from the hard won gains of the 'Education for All' era.

According to Coombe (2002: vii-viii) the education sector has a special responsibility and with regard to the HIV/AIDS pandemic and needs to focus on:

- Prevention: to help prevent the spread of AIDS
- Social support: work to provide a modicum of care and support for educators and learners affected by HIV/AIDS, including orphans and other vulnerable children

- Protection: protecting the education sector's capacity to provide adequate levels of quality education by stabilising teaching service and improving educator skills and responding to new learning needs; and
- Management: harnessing, acquiring, and developing capacity to manage the sectors response to this crisis.

Coombe (2000a, 2000b, 2002) who argued for more detailed research and analysis to explore the consequences of HIV/AIDS for education, emphasises the need for more information around issues such as: the impact of existing knowledge and value systems on the life skills curriculum, the needs of children in distress and their carers including AIDS orphans; attitudes towards and the rights of children affected by HIV/AIDS; socio-economic pressures on families, the extent to which the culture and ethos of the schools value and affirm all learners and resource needs of schools and their communities.

Cornia and Morch (2002) emphasise that the physical, emotional and developmental setbacks that children suffer as a result of the epidemic are being researched, but the specific impact of HIV/AIDS on children's education remains poorly documented, analysed and understood. My study presented in this dissertation attempted to contribute to this gap. My study attempted to map the experiences of, and meanings attributed to HIV/AIDS, the ways in which it acts as a barrier to schooling and how it intersects with other social risk factors to form barriers to schooling.

1.3 Rationale and Focus of the Study

In terms of the Constitution of the Republic of South Africa of 1996, access to primary education is a basic need and right of every child. According to Badcock-Walters (2002), HIV/AIDS represents the largest single threat to this democratic ideal. In derailing and undermining children's rights to education, the pandemic and its related impacts could cause the country to lose another generation of children and youth (Moletsane, 2003). The HIV/AIDS pandemic threatens the country's capacity to protect children's rights in terms of the Constitution.

There is a growing body of empirical studies that examined how South African children experience schooling in the context of HIV and AIDS (for example, Jacobs and Harley, 2008; Muthukrishna, Tshauka, Ebrahim, Mbatha and Ntoi, 2008; Killian, Van der Riet, O'Neill, Hough and Zondi, 2008; Ramsuran, and Lurwengu, 2008). A National Research Foundation (NRF) project, located in the School of Education and Development, University of KwaZulu Natal examined the extent to which HIV/AIDS is a barrier to learning and participation in basic education in the Richmond District, KwaZulu Natal (School of Education and Development, 2006). The study also explored the interrelationship between HIV/AIDS and other socio-economic factors linked to exclusion.

My study focused on HIV/AIDS and other exclusionary factors that are evident in the lives of learners at a primary school in the district of Chatsworth in the greater Durban area, and how these risk factors intersect to act as barriers to schooling. In this study attention was given to the micro-level analysis of the effects of HIV/AIDS on learners of a particular school and community, and the concrete responses of *learners* regarding HIV/AIDS. This research examined the different ways in which the HIV/AIDS pandemic is negatively impacting on affected and infected children's schooling from the perspective of learners themselves. This study was conducted in a suburban school in the township of Chatsworth, Durban. The rate of HIV infection amongst the residents in informal settlements in the Chatsworth area is around 60% (Chatsworth Regional Hospice VCT Clinic, 2005). The Medical Research Council of South Africa (MRC), in a recent survey in 2007, found high rates of HIV and AIDS infection among women in several parts of KwaZulu Natal, with provincial prevalence levels varying between 38% and 50%. In the greater Chatsworth area, the MRC found HIV positive prevalences of around 40% in Welbedacht; 48% in Croftdene/Westcliff/Silverglen; and about 47% in Crossmoor. Much lower levels were found in Arena Park/Montford (19%) and 11 % in Woodhurst/Kharwastan (IOL HIV AIDS.co.za, 2006). The study explored how a group of children in the Chatsworth township experience schooling in the context of HIV and AIDS.

1.4 Rationale for this Research Project

South Africa has the fastest growing HIV/AIDS epidemic in the world with an estimated four million people infected and an infection rate of 32, 5%; over one million people in the worst affected province of KwaZulu Natal (Whiteside and Sunter, 2000). Concurring with this Shisana et al. (2005) and Ngcobo (2006) affirm that KwaZulu Natal has the highest HIV prevalence, with 14.1% of young people and 16.5% of the general population being estimated to be HIV-infected while Singh (2003: 1) categorises KwaZulu Natal as one of the regions with the most HIV positive cases in the world. Ngcobo (2006), in his research study, mentions that of the five million living with HIV/AIDS, twenty percent constitutes a 15-49 year old population and more than 35% of women are of childbearing age in some parts of the country. Overall 12% of the population is infected. Ngcobo (2006) goes on further to state that about 1700 new infections occur on a daily basis and approximately 40% of deaths are believed to be AIDS-related. He estimates that approximately 660 000 children have lost one or both parents and it was predicted that by 2008 1.6 million children would have been orphaned by AIDS. It is anticipated that without the proper interventions and treatment 5-7 million cumulative AIDS deaths would occur by 2010 and over one million people will be sick with AIDS costing South Africa as much as 17% in Gross Domestic Product, consequently affecting industries and the education and health sectors most severely (Ngcobo, 2006). Located on the east coast of South Africa, KwaZulu Natal is the country's largest province, with a population of almost 10 million. The rural areas, home to about half the population, comprise some of the country's most economically disadvantaged areas (United Nations Development Programme, 2006). Coombe, (2000a: 10) argues that there is an urgent need for research on HIV/AIDS and its impact on the educational system. There is a strong motivation for an exploration of the nature of barriers to schooling, which this research study will attempt to explore and investigate. According to Baxen (2004: 1) studies have acknowledged a gap in research within the educational sector in relation to HIV suggesting that it neglects the "social and cultural embeddedness of the disease". The pandemic has been widely viewed as a health concern within education, which can be addressed through health education and awareness raising. Concurring with Coombe (2000a: 6) this research fills the gap by emphasising

the need to understand the nature of the pandemic and its influence on the education community and respond creatively to a much more complex teaching and learning environment in order to maintain educational quality. Coombe (2000a, 2000b, 2002), in her argument for more detailed research and analysis to explore the consequences of HIV/AIDS for education, emphasises the need for more information around issues such as: the impact of existing knowledge and value systems on the life skills curriculum; the needs of children in distress and their carers including AIDS orphans; attitudes towards and the rights of children affected by HIV/AIDS; socio-economic pressures on families; the extent to which the culture and ethos of the schools value and affirm all learners; resource needs of schools and their communities.

Regarded as being crucial Shaeffer (1994) called for more research into the impact of HIV/AIDS on education, both at the micro-level of schools, communities and families and at the macro-level of education systems. While research literature on HIV/AIDS in education focused at the macro-level of national education systems within a quantitative research approach, drawing attention to the destructive impact of the pandemic on teacher numbers, learner attendance, and systemic management, little attention has been given to the micro-level of analysis of the effects of HIV/AIDS on particular schools and communities and the concrete experiences and responses of educators, learners and parents and other stakeholders regarding HIV/AIDS.

While the National Research Foundation project had its own rationale for the research in mapping HIV/AIDS as a barrier to learning, it is important for me as an educator in KwaZulu Natal, the province with the highest infection rate, to investigate and understand from an educational psychological perspective, how HIV/AIDS intersects with other exclusionary factors that are evident in the lives of the learners to form barriers to schooling; and what implications there are for the schools as called for by Shaeffer (1994) and Coombe (2000a, 2000b, 2002), giving attention to the micro-level of analysis of the effects of HIV/AIDS on this particular school and community and the concrete experiences and responses of educators and learners regarding HIV/AIDS.

1.5 Key Research Questions

The key research questions in this study were:

- What exclusionary factors impact the schooling experiences of the learners in the study?
- To what extent is HIV/AIDS an exclusionary factor in the schooling experiences of primary school children?

1.6 Terminology

In order to facilitate a common understanding of the key constructs used in this research study, broad definitions of the terms are provided.

1.6.1 Affected children

The Department of Health (Department of Health, 2001: 4) makes reference to affected children as children from households with infected family; where many children are affected by HIV/AIDS in one way or another. “Affected children” may be defined very broadly as:

- Children from households where a parent or parents are sick or dying of AIDS, and the children often have to care for the sick and/or assume adult responsibilities before they are ready to do so
- Children who are orphaned as a result of HIV/AIDS

Children affected by HIV/AIDS are uniquely at risk, and are vulnerable at all points in their lives: how they are treated in their families, communities and in schools; under what conditions they are able to remain or participate in these structures; the extent to which HIV/AIDS create fear, discrimination, exclusion; whether they are forced into sporadic non-attendance by having to assume responsibility for family income and child care (UNESCO, 2000b).

1.6.2 Social exclusion

Social exclusion, documented by UNESCO (2000b), is comprehensive and interactive, and it touches all aspects of the affected children. Within the wider social and political contexts of society, social exclusion implies a denial of social rights. In addition, social exclusion occurs in context – in the complex conditions and factors that prevent a child

from participating in schools, communities, and society. UNESCO (2000b) goes on further to elaborate that exclusion from schooling is part of an intricate web of human rights violations; reflecting a complex, progressive and sustained process of 'being excluded'.

1.7 Structure of Dissertation

The dissertation is structured to comprise of six chapters:

Chapter One gives insight into the background and overview of the key components of this research study by capturing the purpose of the study, the context of the study and the issue under investigation.

Chapter Two focuses on the literature reviewed around the key research questions stated in chapter one. Commencing with some perspectives on HIV/AIDS as a barrier to learning and schooling in South Africa, this chapter highlights the plight of children's lives in the context of HIV/AIDS, the socio-economic impact of HIV/AIDS, the educational impact of HIV/AIDS and the challenges faced by these children and families of these children. Finally I deal with insights from literature on implications for schools in terms of organisation and curriculum.

Chapter Three explains and discusses the theoretical and conceptual framework that was used to conduct this research study. This research was informed by the main concept of social exclusion. In addition I draw on the theory of oppression, ecosystemic theory, and critical theory, to interpret my findings.

Chapter Four presents the research design and methodology employed to conduct this research. A brief discussion is presented on the methodological approach to this study; this includes the research techniques used to gather the data. This is followed by a synoptic overview of the research site, sampling techniques employed and ethical issues relevant to this study. A brief narrative on the background of each participant is presented in this chapter.

Chapter Five includes the analysis, interpretation and discussion of the findings. The analysis resulted in drawing themes and patterns from the data.

Chapter Six presents the implications and reflections of this study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The previous chapter provided a background and orientation to this research study. This chapter focuses on the literature that I had reviewed of relevance to this study.

A comprehensive literature search of material from national databases on schooling in the context of HIV and AIDS and emerging social risk factors yielded an urgent need for research on HIV/AIDS and its impact on the educational system (Coombe, 2000a).

Commencing with a presentation of children's lives in the context of HIV/AIDS, I provide some perspectives on HIV/AIDS as a barrier to learning and schooling in South Africa, the socio-economic impacts of HIV/AIDS, the educational impact of HIV/AIDS and the challenges faced by children and families; and finally the implications of these for schools in terms of organisation and curriculum imperatives.

2.2 Children's Lives in the Context of HIV/AIDS

Arising out of research commissioned by UNICEF South Africa, a global study was initiated in 2000 comprising nine country case studies, (six in Africa and three in Asia). Conducted by the Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu Natal, Durban, this study concluded that one of the greatest and still unresolved challenges of our time is the damage caused by HIV/AIDS to the well being and smooth functioning of the societies affected. Due to the richness of the statistical information the research provided, the high quality of its South African analysis and its comprehensiveness is one of the best contributions to the UNICEF overall study (Gow and Desmond, 2002). The overall problem posed by AIDS has now been recognised, if belatedly, in most countries including South Africa but the specific impact of HIV/AIDS on children remains, with the exception of the orphans problem, poorly documented, analysed and understood (Cornia and Morch, 2002; Ebersohn and Eloff, 2002). Cornia and Morch (2002) go on to state that recent debate on the impact of HIV/AIDS has focused on adult prevalence and death rates, ways to control the spread of

the disease over the short term and its economic impact thus diverting our attention from the recent changes in infant mortality, school enrolment rates and child malnutrition, new ways through which HIV/AIDS affects child well-being, and the mitigating effects of old and new policy responses that need to be introduced under these circumstances. Even when the analysis has focused on children, it concentrated mainly on children of families directly affected by HIV/AIDS. However, Gow, Desmond and Ewing (2002) and Schonteich (1999) mention that all children will be affected by the HIV/AIDS pandemic, which is now reaping its toll on South Africa and will continue to do so in the foreseeable future with some children being more adversely affected than others.

Notwithstanding their own infection, illness and death, the HIV/AIDS pandemic affects children in South Africa in many ways. The demise of parents and other caregivers as a result of HIV/AIDS renders affected children vulnerable to emotional, social, economic and developmental impacts (Gow, Desmond and Ewing, 2002; Moletsane, 2003). By 2011, 56% of the population will live in households where at least one person is HIV positive or has died of AIDS (Giese, 2002).

2.2.1 Perspectives on the HIV infection in South Africa

The proportion of the HIV/AIDS pandemic in South Africa is a matter of enormous concern. Emerging trends in South Africa indicate that the HIV/AIDS crisis is particularly acute. UNAIDS (1999) and UNAIDS (2004) highlight the national rate of the prevalence as being that of 22, 8%, with infection rates rising at alarming rates, particularly in youth and among women. In Sub-Saharan Africa about two-thirds of all infections occur among young people aged 15-24 (UNAIDS, 2006). These patterns are even more pronounced in South Africa, with 10-12% of young people living with HIV (Shisana et al. 2005). At present, 15% of the world's HIV-infected population aged 15-24 lives in South Africa, although the country has less than 1% of the global population in this age group (Hallman, 2004). Women are three times more likely to become HIV positive than men. According to Pettifor, Rees, Kleinschmidt, Steffenson, MacPhail and Hlongwa-Madikizela (2005) an estimated 15.5% of South African women aged 15-24 are HIV-infected, compared to 4.8% of men. The Centre for the study of AIDS, University of Pretoria, projected in May 2001 that at least 4, 7 million South Africans were reported to

be HIV positive, 56% of them women. By 2005 over 6 million South Africans will be HIV positive. The 1998 United Nations Report on HIV/AIDS Human Development in South Africa concurred by estimating that almost 25% of the general population will be HIV positive by the year 2010. Quinlan and Willan (2005) indicate statistics obtained from the antenatal clinics that suggest that the prevalence of HIV infections for the general population is about 12%, which means that more than 5 million of 43.8 million South Africans are HIV positive. Furthermore, the Medical Research Council estimates that the infection is most widespread in the age cohort 30-44 years, peaking at 35% in this age group.

Coombe (2002) cited in School for Education, Training and Development (2005) predicts life expectancy to drop from 68 years to less than 40 years by the year 2010. Consistent with this is the report by Rehle and Shishana (2003) that went on further to emphasise that by 2015 the population loss due to HIV/AIDS related deaths will be 4.4 million, and in 2020 it is expected that the total population of South Africa will be 23% smaller than it would have been in a no-AIDS scenario (Rehle and Shisana, 2003). The Nelson Mandela /HSRC Study of HIV/AIDS (2000) concluded that in South Africa, the pandemic spans all age groups, race groups, and geographic areas, with 11,4% of the country's population infected with the virus. Mvulane (2003) found that about 6, 5 million people are HIV positive.

According to Dorrington and Johnson (2002), Pettifor et al. (2005), UNAIDS (1999), UNESCO (2000) and UNAIDS (2000), cited in School for Education, Training and Development (2005) women are biologically more susceptible to infection. Throughout Sub-Saharan Africa, highly unequal gender and power relations mean that women face multiple vulnerabilities for HIV/AIDS (Shefer and Ruiters, 1998; Susser and Stein, 2000; UNESCO, 2000; Campbell and MacPhail, 2002; Jewkes, Levin and Penn-Kekana, 2003). Within the construction of heterosexual relationships, women often lack the power to negotiate with whom to have sex, as well as when and how (Gibson and Hardon, 2005; Bhana, Morrell, Hearn and Moletsane, 2007). These vulnerabilities are further compounded by age, constraining prevention choices such as condom use (Harrison, Xaba, Kunene and Ntuli, 2001; MacPhail and Campbell, 2001, cited in

Harrison, 2008), limiting sexual decision-making power for young women, particularly in relationships with older men (Varga, 1997; Wood and Jewkes, 1998).

As the epidemic progresses and the infected get sick and die, the burden of care and the social implications of HIV tend to fall on children and the elderly. The socio-economic status of families and communities determines the impact of the disease on children and their educational opportunities.

2.2.2 HIV infection among children

An unacceptably high number of children and youth of school-going age in South Africa are HIV positive. Statistics reveal that more than 89,000 (7, 5%) children born between January and December 2000 were HIV positive either from birth or from breastfeeding (Mvulane, 2003). In addition, the Nelson Mandela Human Sciences Research Council (HSRC) study of HIV/AIDS (2002) found that among 2-14 year old South African children, 5,6% were HIV positive; 14,9% were in the Free State province (one of the nine provinces in the country). A joint report by UNICEF, UNAIDS and WHO (2003), UNAIDS (2006) and studies by Harrison (2008) confirm that young people in Sub-Saharan Africa are especially susceptible to HIV infection with over 50% of new HIV infections occurring among the 15 to 24 year olds.

Research had shown that such infection is negatively skewed against young, poor African women in particular. Dorrington, Bradshaw and Bulender (2002) report that the ratio of young men to women between the ages of 15 and 24 years infected with HIV in South Africa is 1:4. In addition, in KwaZulu Natal, the province with arguably the highest overall infection rates, it is estimated that over 15% of African schoolgirls aged 15 to 19 were likely to be HIV positive compared to 2,58% of African boys. Compared to these figures are infection rates of 1, 25% for teenage white schoolgirls, 0, 26% for white schoolboys, 1, 29% for Indian teenage schoolgirls and 0, 26% for Indian teenage schoolboys of the same age (Morrell, Unterhalter, Moletsane and Epstein, 2001).

Badcock-Walters (2002) and Leach (2002) agree that, for a variety of reasons, schools have emerged as high-risk environments for HIV infection. Badcock-Walters (2002) notes that one-third of all HIV infections are contracted during the school years, while another third occur within two years of school leaving. One reason for the high

infection rates among school children is the unequal gender relations among adolescents, which are often defined by violence, rape and assaults by classmates (Coombe, 2002; Leach, 2002). While schools should be safe havens (Kelly, 2002) for all children, the reality for particularly girls and other socially marginalized individuals (gays and lesbians, HIV positive individuals, etc.) are different. Classmates and teachers are implicated in gender-based violence (Leach, 2002). Girls are disproportionately the victims of physical, sexual and emotional abuse at school (Coombe, 2002). Morrell et al. (2001) and Leach (2002) found that girls forced by poverty and/or the desire for material gain, enter into the relationships voluntarily. Moletsane (2003) states that concurrent with high infection rates among children and youth is HIV infection, illness and death of parents and other adults in the communities.

2.3 Socio-economic Impact of AIDS on Children and Families

May (1998) explains that the experience of most South African households is of outright poverty or of continuing vulnerability to being poor. In addition, the distribution of income and wealth in South Africa is among the most unequal in the world and many households still have unsatisfactory access to education, healthcare, energy and clean water. This means that many caregivers and parents have limited financial resources and are not able to provide for the basic needs of the children in their care.

The impact of HIV/AIDS needs also to be understood in relation to problems of poverty. Ebersohn and Eloff (2002), Gould and Huber cited in Moletsane (2003), Leach (2002) and Whiteside (2000) emphasise the impact of the identified HIV/AIDS-poverty relationship. One issue is the resultant economic inequality (Dorrington and Johnson, 2002: 26) which is a consequence of HIV-positive adults being increasingly unable to work and losing their land and other assets. Giese (2002) concurs that the financial burden of HIV/AIDS adversely affects the living standards and quality of life of families leading to food insecurity, malnutrition, poor hygiene, loss of opportunity, and other factors related to poverty.

To illustrate the vicious circle of the link between AIDS and poverty, Dorrington and Johnson (2002), Ebersohn and Eloff (2002) and Whiteside (2000) identify income as one of the most significant factors correlated with HIV prevalence.

Statistics from the studies of Ebersohn and Eloff (2002) indicate that half the country's population (about 16, 3 million) are children (below the age of 18) of which an estimated 61% live in poverty. Whiteside and Sunter (2000) argue that through illness and eventual death of the economically active members of the families and communities, productivity will drop, leading to inability and/or willingness to pay for education. They go on further to explain that household structure and behaviour will change as the size; composition and productivity of the labour force are affected. Furthermore, with the increase in the number of sick and dying, scarce resources from bank savings and/or animal wealth (cattle) are often diverted to care. This means that even when money is available, most of it is spent on medical and nutritional care of the sick and dying.

In addition, the low or non-existent income in affected families reduces access to nutritious food and quality health services (Giese, 2002; Ebersohn and Eloff, 2002). For children this may result in stunted growth, poor health and withdrawal from or failure in school (Hepburn, 2002). Thus the basic needs of the children, guaranteed by our Constitution and the numerous international human rights conventions our country has ratified, are denied. In trying to access these on their own, some children end up in positions that put them at the risk of physical, emotional and sexual abuse, and possibly HIV infection from adults in their communities and schools.

There is little doubt that HIV attacks the most vulnerable members of society. Children infected with AIDS live in affected households where for many, one or more of their parents will also be HIV positive. In addition to the burden of HIV infection, Giese (2002) found that these children experience the stresses and socio-economic consequences of living in an HIV-infected household that include reduced opportunities and limited access to education.

2.4 HIV/AIDS and Other Related Social Risks

In this section, I will examine literature on other related social risks in the context of HIV and AIDS, and how these impact negatively on access to education for children.

2.4.1 Child-headed households

There are increasing numbers of child-headed households due to the death of parents from HIV/AIDS. Gow, Desmond and Ewing (2002) and Giese (2002) argue that there is a lack of empirical data on this phenomenon including how serious the problem is. However, Moletsane (2003) indicates that with the decline in the number of economically active people children are often left to fend for themselves. In a significant number of cases, the eldest siblings have to assume these duties, thus taking on unfamiliar adult roles for which they are ill-prepared (UNESCO, 2000; Ebersohn and Eloff, 2002). They are forced to perform chores in and around the house, or are expected to seek employment to generate an income; Giese (2002) found that children are compelled to leave school.

In addition, children seek employment to generate income for the family, so child labour goes hand-in-hand with school absenteeism, and may impact negatively on the child's ability to learn and/or stay in school. With family responsibilities on their shoulders attending school or doing well in their studies becomes impracticable (Hepburn, 2002).

Thus the possibility of successfully educating children becomes remote, and that of keeping them in school almost impossible. The result may be high failure and retention rates, and eventually high dropout rates from schools.

2.4.2 Orphans and vulnerability

Whiteside and Sunter (2000) mentions that South Africa currently has a high proportion of children who are not continuously cared for by either parent and very high rates of care by aunts and grandmothers. Mvulane (2003) concurs that of the 600,000 AIDS orphans in the country, a third lost their mothers in 2002 alone. Under a quarter were as a result of HIV/AIDS. Projections by Sloth-Nielsen (2003) and Whiteside (2000) indicated the increase in the number of AIDS orphans to 800 000 by the year 2005. By 2010 the number of orphans under the age of 15 is expected to grow to a staggering 2, 5 million, the majority being under the age of 18 and therefore of school-going age (Love Life, 2001).

Children may be orphaned more than once, firstly when parents die, and then again when grandparents or caregivers die (Whiteside and Sunter, 2000: 80). With poverty and orphan hood being linked, AIDS orphans grow up as street children or in child-headed households with very little income or no income (Dorrington and Johnson, 2002: 48) and therefore no possibility of attending school.

Since access to quality primary education is multi-faceted, Hepburn (2002) found the trauma and hardship of orphaning on children manifests both economically and emotionally with ramifications on their physical and psychological health. In South Africa those that are brought up by grandparents, survive on monthly social security payments of a meagre sum. Stigma and prejudice (Hepburn, 2002; Moletsane, 2003) leads to exclusion and discrimination in social environments, including schools, which make schools unappealing and/or impossible for the affected children. This is really a catastrophe of considerable magnitude (Whiteside, xi).

2.4.3 Child Abuse in the context of HIV and AIDS

As Moletsane (2003) mentions, one obvious impact of the illness and death of adults from AIDS-related causes may be the large numbers of children who grow up without adult attention, supervision or love (as orphans and/or in child-headed households), making them vulnerable to abuse (physical, emotional and sexual) from extended family members and other members of their communities.

With South Africa being a patriarchal society (Dorrington and Johnson, 2002), girls especially (Kelly, 2002; Leach, 2002) are vulnerable to sexual abuse. Many girls willingly get involved in relationships for economic and other reasons as found in studies by Hepburn (2002), Kelly (2002) and Leach (2002) and/or as a result of illness and/or death of economically active members of the family. The loss of a breadwinner leads to a reduction in the family's earnings and the ability to care for and protect its children, who become prey to neglect and abuse (Ebersohn and Eloff, 2002). With widespread sexual activity in conditions of intimidation, harassment and in some cases rape (Leach, 2002: 100) and young girls not always being able to negotiate safe sex (Kelly, 2002), they are exposed to possible HIV infection, the risk of falling pregnant or being infected with

other sexually transmitted diseases. They may be further disadvantaged by becoming excluded from school or by dropping out as a result of pregnancy (Moletsane, 2003).

2.4.4 Stigma and trauma

The stigma and discrimination associated with HIV/AIDS have many effects. Shisana and Simbayi (2000) affirm that the pandemic has a major impact on all the biopsychosocial systems in which children develop with many children directly experiencing HIV/AIDS related deaths and illnesses in their families. Germann and Madorin (2002), Hunter and Williamson (2002) and UNAIDS (2002) concur that the problems most frequently associated with psychosocial risk variables are low self esteem and despair, hopelessness, anxiety, aggression, depression, behavioural, cognitive and emotional difficulties, inadequate communication and life skills, and poorly developed problem solving, decision- making and conflict resolution skills. Those at risk of infection and some of those affected continue to practise unsafe sex in the belief that behaving differently would raise suspicion about their HIV-positive status (UNAIDS 2002). In addition the stigma associated with HIV/AIDS brings shame, fear and rejection that exacerbate the anguish of children.

With HIV/AIDS contribution to psychological problems, the emotional well being of children is threatened. Hepburn (2002) found the death of parents and other caregivers as a result of HIV/AIDS renders affected children vulnerable to emotional impacts. Hepburn (2002: 93) and Dorrington and Johnson (2002: 49) state that as children watch their parents slowly die from debilitating illnesses and subsequently endure loss and grief, they experience anxiety, depression and anger which is further exacerbated by the burden of caring for remaining siblings, as well as stigma and discrimination from family and community members, and teasing and exclusion by peers (Badcock-Walters, 2002: 97-98).

Further complicating these emotions, Hepburn (2000: 93) found that siblings are often divided among several households within an extended family to mitigate the economic burden of caring for the children. Relatives or neighbours may contribute to despair by taking their property and inheritance and leaving them more vulnerable to

exploitation. As the need for survival becomes paramount for these children, staying and/or doing well in school fall further down on their priority list.

The context of silence and shame that surrounds HIV/AIDS infection in South Africa, the fear of stigma, discrimination and possibly violence, often leads HIV-infected and affected children to withdraw from school. Ebersohn and Eloff (2002: 79) concur that illness and death of relatives, their own poor health, fear of shaming and teasing, demand on child labour and unaffordable school fees keep these children away. The trauma and stress on those who persevere with their schooling can impact negatively on their ability to learn and succeed.

Even though the psychosocial needs of children are well documented, given these complexities the education system is ill prepared to address the special educational needs of the infected and affected. Teachers and schools are poorly prepared and inadequately resourced to meet their growing needs (Hepburn, 2002: 93) resulting in high failure rate among those who persevere, slow progress and retention and even higher dropout rates among many.

2.5 HIV/AIDS as a Barrier to Learning and Schooling in South Africa

Education White Paper 6 (Department of Education, 2001) uses the term “barriers to learning and participation” and emphasises the need to minimise barriers and maximise participation in education. Barriers to learning prevent optimal learning from taking place. In the context of my study, barriers to education would refer to any factor(s) that would impede or serve as an obstacle to schooling. Numerous key factors or barriers in the South African context place a large number of children and adults vulnerable to learning breakdown and sustained exclusion (Department of Education, 2001). UNESCO (2000b) explains that the child who experiences barriers to education is often the child who consistently suffers from poor nutrition and health care, from inadequate water, sanitation, shelter, who lives in a family with an unstable income, whose community is in chaos and who is affected by HIV/AIDS and other risk factors such as child abuse, substance abuse, violence, etc. Children exposed to the HIV/AIDS pandemic are likely to experience disrupted education.

The racially segregated and unequally resourced apartheid structure in the South African education system left schools not only to be faced with the responsibility of re-introducing and reviving a culture of teaching and learning in the nation's schools after the anti-apartheid struggles but also to face the challenges that have been further exacerbated by a variety of social factors, one of which is the HIV/AIDS pandemic currently ravaging the country (Moletsane, 2003).

Moletsane (2003) found that disease and its related impacts would cause the country to lose another generation of children and youth. The situation is particularly adverse for children and youth. Firstly, with parents and other adults sick or dying, children carry the burden of caring for siblings and family members living with HIV/AIDS. Secondly, a significant number of children are themselves infected with the virus. This means those children's rights to education and social services and particularly those of poor, African girl children; social and education services they receive are seriously reduced (Moletsane, 2003). Social capital, which is an inclusive concept, refers to social services that are required to promote educational growth (Coleman, 1988). The social capital including the interest shown by parents in their child's development and the norms held and enforced by parents to shape and control children's activities and their relationships with adults (Coleman, 1988) are limited or non-existent. Further to this Hargreaves (2001: 506) argues that schools with weak social capital undermine learner achievement because they lack clear strategies to establish effective partnership with families and communities. In a society ravaged by high levels of gender violence, including domestic abuse, rape and assaults, this makes girls vulnerable to early pregnancies, HIV infection and other sexually transmitted diseases, further reducing their chances of staying and succeeding in school (Leach, 2002; Moletsane, 2003).

It is assumed that in most societies parents will prepare their children for school, guiding and teaching them to create a pedagogical climate that is conducive to children's learning and good conduct at schools (Epstein and Sanders, 2000: 286). However, when parents are ill or deceased, this function is lost to families. There are an increasing number of children in South Africa's townships and rural villages that are continually struggling for survival. With parents either sick or dead from HIV/AIDS, absenteeism, poor academic performance, and ultimately dropout are inevitable as children scramble

for scarce resources and take on responsibilities that even adults find difficult to fulfil in impoverished, fragmented and demoralised communities (Moletsane, 2003). Based on the data collected from nationally representative Demographic and Health Surveys from 26 countries in Sub-Saharan Africa, Lloyd and Hewit (2003) report frightening estimates at the start of the 21st century, of children who will not complete their primary schooling in Sub-Saharan Africa. Lloyd and Hewit (2003) revealed that 37 million adolescents between the ages of 10 and 14 will not complete their primary schooling. This represents 83% of the youth in Sub-Saharan Africa.

According to the Constitution of the Republic of South Africa, Act 1996, access to primary education is a basic need and right of every child. Enshrined in the South African Schools Act (1996), which is based on The National Education Policy, Act 1996, (Act 27 of 1996) this right to education is guaranteed. While in South Africa education is viewed as the key to social, cultural and political participation, as well as community empowerment (Badcock-Walters, 2002), HIV/AIDS represents the largest single threat to these democratic ideals. Badcock-Walters reports that 1.3 million school aged children were out of school in Eastern Cape and KwaZulu Natal (these are two of the nine provinces in South Africa) alone. Thus access to education or the lack of it may become so critical that young people constitute an entire 'lost' generation of educationally disenfranchised youth (Badcock-Walters, 2002).

An area of concern is the issue of children as caregivers. Moletsane (2003) and Badcock-Walters (2002) point out that as families are affected by the pandemic, the school dropout rates are steadily increasing, with figures in South Africa showing a decline by 12% and 24% in the Grade 1 enrolment in 1999 and 2000. Not surprisingly girls bear the brunt of the epidemic as they are most vulnerable to infection and/or are expected to shoulder the responsibility of caring for sick parents and younger siblings with no pay, no recognition and no future.

Increasing numbers of children are leaving school due to AIDS-related poverty. Contrary to the South African Schools Act of 1997 that promised every child access to quality education in its own locality regardless of the child's socio-economic status, there are still many schools in the country that exclude non-payers from school (Gow,

Desmond and Ewing, 2002) or children withdraw themselves. Moletsane (2003), Giese (2002) and Badcock-Walters (2002) agree that compulsory school uniforms, school fees and books, the cost of which seems to be beyond reach for many of the families in rural and township schools, is another stumbling block to children's access to education. For HIV-infected and affected children, the burden of paying for education is therefore considerable (Muthukrishna and Ramsuran, 2007; O'Neill, Hough, Killian and Van der Riet, 2008). To supplement household income, children often have to drop out of school in order to engage in income generating activities, or care for the sick and dying, as well as the surviving siblings (Hepburn, 2002; Moletsane, 2003).

2.6 HIV and AIDS in Education: Implications for the School as an Organisation

The South African Schools Act of November 1996 stresses the principles of education as a basic human right and quality education for all learners. This encapsulates the vision of schools to recognise the wide diversity of needs of learners and to strive to meet these needs by providing support and specialised programmes (Muthukrishna, 2002).

Coombe (2002) emphasises that learning institutions in an AIDS-infected world cannot be the same as those in an AIDS-free world. Challenged by the pandemic, it is necessary to change educational planning and management principles, curriculum development goals and the way we do education if the quality and level of education provision are to be sustained at reasonable levels. The education sector's principle areas of concern include helping prevent the spread of AIDS, providing care and social support for learners including orphans and other vulnerable children, protecting the education sector's capacity to provide adequate levels of quality education and management of the sector's response to the crises (Coombe, 2002).

Hepburn (2002) mentions the constraints affecting orphans and other vulnerable children's access to primary education in AIDS-affected areas are numerous and differs in magnitude from one community to another. For orphans, well-designed primary educational opportunities are critical, since they offer children an outlet where they can socialise and develop. Well-crafted educational opportunities also provide children with

adult supervision and attention, emotional support, nutritional and health care and the life skills training they need to protect and support themselves (Hepburn, 2002).

As organisations, Moletsane (2003) suggests that schools need to change the way they operate. They need to look at alternatives to educating children who become ill or stop attending school in order to care for their families and seek creative ways of successfully engaging children and keeping them in school. Schools need to encourage a health-affirming and safe-school environment through the curriculum. Leach (2002) argues that there is a need for schools to break the silence around school-based abuse thus making the school a happy and safe place for children. Moletsane (2003) urges that strategies need to be identified or developed to prevent absenteeism and dropout from school as a result of the pandemic. Schools need to look at alternatives that would allow learners to perform their familial responsibilities and still access educational programmes. These may include adopting models in which classes meet late in the afternoon after household chores are completed.

Kelly (2002) suggests that cheaper models of schooling are needed to make education accessible to all learners, irrespective of their economic and HIV status. Not requiring learners to wear school uniforms or pay school fees may be among some of the strategies adopted to attract affected learners back to school.

This has huge implications for government and private sponsorships as they have to develop, implement, monitor and enforce these initiatives. For education to succeed there has to be extensive professional and organisational development for teachers and schools respectively, in order to prepare a conducive environment for learning and teaching.

Davidoff and Lazarus (1997) recommend strategic planning by focusing on the nature of key barriers that result in learning breakdown and sustained exclusion in education. Coombe (2002), Kelly (2002) and Rugalema and Khanye (2002) suggest the need to integrate HIV/AIDS education content in the school and in teacher education (professional development) curricula and to move from a narrow 'HIV education' curriculum campaign to a broader 'HIV and education' paradigm by mainstreaming HIV/AIDS into every aspect of education. This would mean adopting a more inclusive

approach in the curriculum. Preventing further transmission of HIV and mitigating the impact of AIDS must be the principal strategies.

Kelly (2002) suggests that a co-ordinated and integrated approach may involve guidance and counselling programmes for orphans and other vulnerable children and their families; gender awareness training by specialists concerned about violence against women and girls, as well as working with service managers, education planners and curriculum specialists on implementing HIV and education activities in schools and keeping education quality at acceptably high levels. With the emphasis on a core set of psychosocial life skills for the promotion of the health and well-being of learners (Kelly, 2002) curricular activities and programmes must continue to include the teaching and reinforcement of strategies to prevent infection, necessitate gender awareness and transformative programmes (Coombe and Kelly, 2001; Kelly, 2002). To promote positive social behaviour life skills programmes should be fully implemented and strengthened to include the removal of the AIDS stigma and silence surrounding the pandemic (Hepburn, 2002) and the reduction of HIV transmission (Kelly, 2002).

According to Kelly (2002), programmes and activities should run along a continuum from prevention to care to prepare learners for the caring roles they assume in their families and communities. Effective professional development programmes for teachers and organisational development programmes are needed to make schools centres of care and support. Such programmes may include counselling, nutrition, nursing and pastoral care. As children assume more adult roles, they need to be taught skills, knowledge and values they can use in the context they find themselves in. These may include vocational skills, AIDS education, care and counselling and anything else the school identifies as a need (Hepburn, 2002; Kelly, 2002; Moletsane 2003).

Contradictory to the above Leach (2002) sees the reliance on schools for initiatives and campaigns to reduce high-risk social behaviour and infection rates as being misplaced. She suggests that schools are high-risk places as there is a high rate of sexual harassment and abuse within schools in Sub-Saharan Africa. However, Badcock-Walters (2002) explains that since schools have been confirmed as high-risk environments, it is the key strategic ground on which the battle to mitigate the impact will be won or lost. Kelly (2002) identifies education as the only 'social vaccine' available against HIV

infection. Baxen (2004) and Foster and Williamson (2000) suggest that access to quality formal education may be a combatant strategy against HIV transmission and may enhance resiliency - empowering the learners to bounce back and cope well in the face of profound problems. Coombe and Kelly (2001) identified education, above all school education, to be related to the reduction of HIV prevalence rates among young people. With young people being in their most receptive developmental stage, Kelly (2002) considers school education as among the most powerful tools for transmitting HIV prevention and AIDS- related messages and for transforming the poverty and gender inequality environment in which HIV/AIDS flourishes. The early identification of psychosocial stress could lead to timely support and care. According to Zeitlin and Williamson (1994) effective coping reinforces a sense of competence and encourages coping responses in future. Thus the cared for children of today have a better chance of becoming the resilient adults of tomorrow.

2.7 Conclusion

This chapter has interrogated literature and has highlighted some of the barriers to schooling experienced by the learners affected by the HIV/AIDS pandemic. It must be noted that these barriers do not act in isolation to one another. They intersect with each other and the various layers of societal factors causing a ripple effect. The many psychosocial issues associated with AIDS transcend economic, political, and other macro-systemic boundaries. Children are made vulnerable by the pandemic and are subjected to a downward spiral of distress and difficulties that affect multiple aspects of their lives. The next chapter outlines the theoretical framework; namely the three main theories that frame this research study.

CHAPTER 3

THEORETICAL AND CONCEPTUAL FRAMEWORK FOR THE STUDY

3.1 Introduction

The previous chapter presented the literature reviewed around the critical questions formulated in chapter one. This chapter explains the theoretical framework that was used to conduct this research study. This research study is informed by a conceptual framework on the concept 'social exclusion' which I argue encompasses the theory of oppression, the ecosystemic theory, and finally critical theory.

3.2 The Theory of Oppression and Social Exclusion

Wormer (2005) categorically states that the dynamics of oppression, in fact, have only rarely been studied in social work literature. As defined in The Social Work Dictionary (Barker, 2003: 306) oppression is

“the social act of placing severe restrictions on an individual, group or institution. Typically, a government or political organisation that is in power places these restrictions formally or covertly on oppressed groups so that they may be exploited and less able to compete with other social groups. The oppressed individual or group is devalued, exploited, and deprived of privileges by the individual or group who has more power”.

In recurring discussions of 'oppression' the key variables which include "power," "exploited," "deprived," "privileges," ingrained in the institutional arrangements, resulting in for example, of racism, sexism, ethnocentrism, ableism, heterosexism, classism and sectarianism (Appleby, Colon and Hamilton, 2001). In each form of oppression - economic, social, political, racial, ethnic, and sexual - a dominant group receives the unearned advantage or privilege and a targeted group is denied the advantage (Ayvazian, 2001). These different oppressions often intersect. Pharr (2001: 144) reminds us to look at economics not only as the root cause of sexism but also as the underlying driving force that keeps all oppression in place. Dalymple and Burke (1995) define oppression as "inhumane or degrading treatment of a group or individual based on some

defining characteristic”. In the present study key factors related to the different forms of oppression that the participants experience are examined.

Gil (1998) notes that societies are *non-oppressive* when all people are considered and treated as equals and have equal rights and responsibilities concerning their land, resources, politics and bodies accordingly. *Anti-oppressive* practice is about minimizing power differences in society and maximizing the rights to which all people are entitled to: society’s goods (Dalrymple and Burke, 1995; Dominelli, 2002). Payne (1997) likens anti-oppressive practice to an empowerment approach because of its attention to power differentials in people’s relationships and the need to help people gain control of their lives. From this perspective, anti-oppressive social work is concerned about the delirious effects that macro-level forces can have on people’s daily lives. Payne (1997) suggests workers can empower clients through partnerships and client choice. Empowering practice begins by acknowledging that structural injustices have prevented many individuals and groups from receiving the treatment and resources to which they are entitled (Wormer, 2004). To avoid oppression Payne (1997) advocates changes in the agency and the wider systems that adversely affect individuals. Empowerment practice, as Gutierrez and Lewis (1999) suggest, requires social workers and teachers, for example, to be agents of change, to help people gain or regain power in their lives, and to work toward social justice at the societal level. Empowering practice begins by acknowledging that structural injustices have prevented many individuals and groups from receiving the treatment and resources to which they are entitled (Wormer, 2004).

Pertinent to the present study is the power differences that exist in the research context and the delirious effects that macro-level forces have on the participants’ and their families’ daily lives. The study explored whether there is a need to help people gain control of their lives through changes in the agency, and changes in the wider systems that adversely affect children’s access to education. As major role players in education the government, the learning institutions, the educators in particular, and the community may have to act together as agents of change towards social justice in education.

Closely related to the concept ‘oppression’ is the notion of ‘social exclusion’. Barker (2003: 403) explains that social exclusion is the “*marginalisation of people or areas and the imposition of barriers that restrict them from access to opportunities to*

fully integrate with the larger society". Wormer (2005) stipulates that social exclusion and marginalisation applies to countries that lose out in global competition and to classes of people within nations in the grip of poverty or living with mental or physical disabilities. Embodied in this concept is a framework concerning political and economic process. Wormer (2005) acknowledges the influence of global economic transformation on social exclusion in societies. While these impacts vary considerably across class and racial categories Mitchell's (2000) literature on social exclusion highlights the multi-dimensionality of disadvantage on purely economic grounds to include marginalisation through the denial of civil, political and social rights of citizenship. Wormer (2004) discusses in her literature racism, sexism, heterosexism, classism, ethnocentrism, ageism and sectarianism as forms of social exclusion.

Svedberg (1997) cited in Borjeson (2002), describes and explains the concept of social exclusion as the trend in which growing numbers of citizens in a country end up *'on the sidelines'* of society. In his interrogation of the concept Borjeson (2002) concludes that there is reason to question whether social exclusion describes new trends and phenomena, or whether it is essentially just another term for the older concepts of 'poverty' and 'risk'. However, the literature suggests that the usefulness of the concept 'social exclusion' lies in an effort to describe a more complex set of problems than the concept of poverty is capable of doing. Sen (1998) advocates that social exclusion should not be seen as an alternative term for 'poverty' or 'deprivation'; rather, its value lies in that it directs attention to the relational character of poverty.

Kronauer (1998) explains that there are three dimensions of social exclusion: relations, actors, and dynamics. The concept has a relational character in that it is used to describe the relationship between individuals or groups and societal conditions. Social exclusion is regarded as a process by which various actors (individuals or institutions) behave in such a way that an individual or group is excluded from certain arenas of society. Lastly, social exclusion not only reflects an individual's or a group's situation at a given moment, it also includes a dynamic aspect that is related to the potential for ending one's exclusion.

Mapping exclusionary factors in children's access to education assumes an educational rights perspective. According to UNESCO (2000b) millions of children

experience exclusion in schools, communities and in societies. Being comprehensive and interactive it affects all aspects of children's lives. Located within the wider social and political contexts of society, it implies a denial of social rights. In addition social exclusion occurs in context, preventing a child from participating in schools, communities and societies. In order to address social exclusion the need arises to focus on wider contextual factors, and the deep structural socio-economic conditions and relations of society which maintain exclusionary practices.

UNESCO (2000a) advocates that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes. The Convention of the Rights of the Child reconfirms the Education for All and states categorically that children's right to education as enshrined in the Constitution of South Africa cannot be played off against their right to health, protection, participation, and well-being. UNESCO (2000b) stresses the adoption of a holistic and inclusive focus to ensure that all children realize their right to education.

In the present study I examined: How is oppression and social exclusion produced and reproduced in the situated contexts of schools and communities, and how this was experienced by learners? How is oppression as experienced by learners sustained in an HIV and AIDS context? Is there resistance to oppression and how is this resistance manifested?

Since social exclusion in education (a denial of social rights that prevent a child from accessing schooling) is central to the research, the study focused on the impact of barriers to basic education and other emerging exclusionary factors at the micro-level of schools, communities and families. This links the theorising of social inclusion and oppression to Bronfenbrenner's ecosystemic theory (Donald, Lazarus and Lolwana, 2002). Bronfenbrenner's ecological perspective shows how individuals and groups at different levels of the social context are linked in dynamic, interdependent, and interacting relationships (Donald, Lazarus and Lolwana, 2002; Pettigrew, 1999). Exclusion from education needs to be understood as part of a pattern of systemic exclusion at various levels of the social context (UNESCO, 2000).

3.3 Ecosystemic Theory

Every layer of society (policy makers, health practitioners, educators and members of civil society) has a role to play in increasing the chances of vulnerable children developing into competent, caring and confident citizens. In all aspects of any child's life there are processes and systems that constitute an understanding of child development in a community; referred to as the social ecology of child development (Killian, 2004).

A social ecological model of child development is similar to environmental models of ecology. In an ecological model each organism in a river system supports and maintains other organisms. As long as the system is in balance, it is mutually beneficial to all to live in it. Tampering with one aspect, however, could damage or kill off the entire system. The social ecology of childhood involves many and varied factors, some of which are temporary and will pass, while others are more enduring. Child development can be influenced in many ways and from many sources (Donald, Lazarus and Lolwana, 2002).

Killian (2004) explains that the social ecological model of childhood development involves many and varied factors which can be grouped into four interacting dimensions.

Person factors: These include the individual biological, temperamental, intellectual and personality characteristics of the child and significant others in the child's life such as parents, siblings, educators, etc.

Process factors: The focus is on the forms of interaction that take place between individuals (supportive, destructive, informative, inclusive, power-based, etc.).

Contextual factors include families, communities, cultures, ideologies, etc.

Time variables take into account the changes that occur over time. Context, person and process variables change over time as a child matures and as the environment changes.

An example is the HIV/AIDS epidemic which together with urbanization and Westernisation is causing rapid change (Killian, 2004: 1).

Critically important are the contextual factors which consist of five systems. As pointed out by Killian (2004) each has a purpose and regulates social changes. Each also has rules, roles and power relations which determine activities and the use of resources

(Fraser, 1997). These five systems and the relationships between them are: microsystems, mesosystems, exosystems, macrosystems and chronosystems (Bronfenbrenner, 1979).

A *microsystem* consists of the pattern of activities, roles and interactions experienced by children in their immediate environment - that would be between a child and a parent, sibling or educator. Demonstrated by Bronfenbrenner (1986) these are face-to-face interactions between children and other people who are most influential in shaping stable aspects of development.

A *mesosystem* contains sets of associated microsystems and the interrelationships between them. Mesosystems include interactions that occur between families and schools, or between children and community members.

The *exosystem* includes settings that influence children's development without playing an active role such as the parents' workplace; yet it impacts on the child's life. Particularly in the context of HIV/AIDS, children living in developing and impoverished communities are more likely to participate actively in the affairs of their neighbourhoods and communities.

The *macrosystem*, according to Garbarino and Ganzel (2000) characterizes a particular culture or subculture dictating the children's place in society according to a community's traditional practices, rituals and beliefs. Within the context of HIV/AIDS, these include religious and traditional customs about how children take on responsibilities within the home and care for the sick. Beliefs about what happens once someone has died can be considered part of the macrosystem. A country's policy and legislative framework also forms part of the macrosystem.

The *chronosystem* considers the cultural and historical changes that transform all of the person, process and contextual variables. South African communities are experiencing very rapid rates of change due to political, cultural and technological transformation; the impact of which has been greatly exacerbated by the HIV/AIDS pandemic (Killian, 2000).

In providing an understanding of the many layers of influence on children's experiences of schooling in the present study, the ecosystemic theory demonstrates how

all the possible environmental influences affect a child's development both directly and indirectly (Pettigrew, 1999). The child is a social being and does not exist in isolation, but in interdependence with a number of other systems in the environment such as the family, school, and community (Pettigrew, 1999). The functioning of the child is dependent on the interaction between these various systems. To develop a holistic understanding of individual children, I examined and analysed the multiple factors in each system that contribute to barriers to schooling.

3.4 Critical Theory

Critical theory can be traced back to Karl Marx in the 19th century. Inspired by the work of a group known as the Frankfurt School, it criticizes social malformations, inequalities and injustices and is committed to their transformation. According to Habermas, contemporary social theorist of Frankfurt School, the aim is not only to change, explain or understand society, but to change it for the better; the transformative and emancipatory motif in critical theory (Gibson, 1986; Cohen, Manion and Morrison, 2000). Critical theory entails a view of what behaviour in social democracy should entail (Fay, 1987; Morrison, 1995a); to realise a society that is based on equality and democracy for all its members. In particular critical theory seeks to emancipate the disempowered, to redress the inequality and to promote individual freedoms within a democratic society (Cohen, Manion and Morrison, 2000).

Cohen, Manion and Morrison (2000) argue that much behaviour is as a result of factors that do not operate in the general interest of society; factors that are illegitimate, dominatory and repressive. Illegitimate is described as when one person's or group's freedom and power is bought at the expense of another's freedom and power. Hence critical theory seeks to uncover and interrogate the legitimacy of those interests. Its intentions are transformative; to transform society and individuals to social democracy.

Rasmussen (1999) and Cohen, Manion and Morrison (2000) argue that critical theory is a tool of reason or theoretical orientation which, when properly located in an historical group, can transform the world. The task of critical theory then is to contribute to the "transformation of the social whole" (Therborn, 1996: 57 cited in School for Education, Training and Development, 2003). This emancipatory endeavour (the prime

characteristic of critical theory) makes it a difficult and demanding enterprise. It radically questions taken-for-granted assumptions and familiar beliefs, and challenges many conventional practices, ideas and ideals (Gibson, 1986; Cohen, Manion and Morrison, 2000). Even though critical theory was written about for over fifty years, its impact on teachers has been negligible (Gibson, 1986). Critical theory examines the relationship between school and society; how schools perpetuate or reduce inequality, how power is produced and reproduced, whose interests are served and how legitimate are these. To eradicate the exercise and effects of illegitimate power is considered practical (Cohen, Manion and Morrison, 2000).

Hirst (1983) and Cohen, Manion and Morrison (2000) recommend critical theory because it seems likely to change our understanding of how we rationally justify educational action. Hirst (1983) and Cohen, Manion and Morrison (2000) believe that vital concerns to all teachers are addressed by this theory, in particular, concerns as to why some children persistently fail in school, why are some pupils so unmotivated, why do we as educators teach what we do, and why are schools organised as they are. These are but some of the urgent and familiar questions. Hirst (1983) goes on further to state that critical theory attempts to explain the origins of everyday educational practices and problems, and is committed to enabling change towards better relationships, towards a more just and rational educational system and society. It helps teachers to identify the biases and distortions which prevent healthy personal and social growth and to free themselves and their pupils from barriers or constraints.

Significant to critical theory is the argument by Habermas (1972) that knowledge serves different interests. Interests and realities are socially constructed (Berger and Luckmann, 1967; Habermas, 1972), they shape and control human behaviour; hence change can be achieved through human means. Amongst others, critical theorists such as Gibson (1986) and Hirst (1983) assert that no social fact is value free. Language is always loaded, and objectivity depends on where you happen to be standing or placed in the social world. Critical theory claims to provide enlightenment as to the actual conditions of social life; taking into account the true interests and needs and concerns of individuals and groups. Being emancipatory it can be used to change the world, to

liberate from inequalities and unfair restrictions (Hirst, 1983; Gibson, 1986; Habermas, 1972).

To protect their advantages privileged groups always have an interest in maintaining the status quo (Morrison, 1995a); to keep the empowered in their empowered position and the disempowered in their powerlessness. An emancipatory approach threatens the status quo by exposing the operation of the power to bring about social justice (Habermas, 1979), to restore to consciousness those suppressed, repressed and submerged (Habermas, 1984). Subordinate groups have an interest in change in order to remove the constraints on their position. Conflict and tension is a central feature of social life exposing the roots of injustice and inequality. Critical theory sees and attempts to reveal factors which prevent groups and individuals from taking control of, or even influencing, those decisions which crucially affect their lives (Gibson, 1986).

Action is informed by reflection (Kincheloe, 1991). Parallel to Habermas is Smyth (1989) who denotes a four-stage process: *description* (what am I doing?); *information* (what does it mean?); *confrontation* (how did I come to be like this?) and *reconstruction* (how might I do things differently?). Critical theory strives to improve practical living.

Located in the discourse of critical theory are participatory research methods which I have used in the present study. In contrast to traditional research methods, participatory research, being research *with* people, not *for* people or *on* people, actively involves the subjects of research. This approach presented a way for the participants and me to join in the search to understand their context and barriers they face to schooling, and possible solutions to problems – thus allowing them to take part in a project that serve their unique individual needs. The idea of generative power and control is consistent with and appropriate to the concept of participation and critical theory. As people achieve the ability to determine the course of their own lives, the confidence gained in the process is in itself liberating (Penzhorn, 2001). Participation in and of itself is an act of self-reliance, accompanied by self-confidence. The nature of the present study, being one of involvement, provided a learning environment in which the participants could identify their needs and then to understand these needs and look at them in a critical manner. I found that as they became more involved they revealed an

openness and eagerness to learn and hear about subjects and situations with which they were unfamiliar.

3.5 Summary

This chapter discussed in detail the theoretical framework in the study. Three main theories informed this research study: the theory of oppression, the ecosystemic theory and critical theory. The concept social exclusion also framed the study. The next chapter focuses on the research design and methodology employed to conduct this research study.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

The previous chapter outlined the theoretical framework used to conduct this research study. This chapter outlines and discusses the research design and methodology of this research study.

This research was lodged within an emancipatory/participatory research framework using qualitative methods to gain an understanding of the nature of the pandemic and its influence on the schooling experiences of children. The critical questions were:

- What exclusionary factors impact the schooling experiences of the learners in the study?
- To what extent is HIV/AIDS an exclusionary factor in the schooling experiences of primary school children?

The use of participatory research methods allowed me to gain an understanding of the nature of the pandemic and its impact on the lives of children in the context of the school and community, in particular barriers to their schooling. Further to this, this study focused on the micro-level of analysis of the concrete experiences and responses of learners regarding HIV/AIDS.

4.2. Participatory Research Methodology

With the participants coming from a marginalized and developing context it is more than likely that they would have experienced high degrees of stress and trauma; and with the stigma associated with the HIV/AIDS pandemic it creates a culture of silence affecting the degree to which the pandemic can be openly discussed. Conducting research with vulnerable communities characterized by social risk factors such as (to name but a

few) unemployment, poverty, death, grief, illness and abuse generates particular dynamics of power and leaves the researcher to face many ethical and methodological challenges (van der Riet, Hough and Killian, 2005).

A participatory approach to data collection is an essential component of in-depth emancipatory research especially in studies that involve children and vulnerable communities. Identified by O’Kane (2000) and Christensen and James (2000) as a new paradigm for the study of childhood, this paradigm recognizes children as social actors in their own right allowing children to be active participants in the construction and determination of their experiences, other people’s lives and the societies in which they live. The shift is from viewing children as ‘objects of concern’ to methods which engage children as active participants in the data collection process. Simply stated, using a child-centred approach, I committed to conducting this research study *with* children rather than *on* children, consequently accessing the young children’s perspectives and frameworks of understanding.

This approach produces knowledge in an active partnership with participants who are affected by that knowledge. This is done through collaborative relationships between the participants and the researcher and by locating the research in a community (Babbie, 2002). A participatory approach attempted to eradicate the power imbalances between myself as the researcher and the participants (O’Kane, 2000; School for Education, Training and Development, 2003; van der Riet, Hough and Killian, 2005).

Given voices, the participants became co-researchers - allowing them to more freely talk about issues that affect them (O’Kane, 2000: 137). Babbie and Mouton (1998) identify participation, engagement, involvement and collaboration as the key components in this approach. Aptly described by Pretty (1995) and Theis (1996), it is a process of information sharing, dialogue, reflection and action. Participatory techniques are particularly advantageous in communities where there are low levels of literacy, as the methods of information collection do not rely heavily on reading and writing skills, but place greater emphasis on the power of visual impressions and the active representations of ideas (O’ Kane, 2000). Being less invasive and more transparent, in the particular context of this study participatory techniques were selected for their power of communication as well as for the suitability of the project.

With the aim of obtaining rich descriptions, participatory methods allowed for the exploration and interpretation of different perspectives and dimensions regarding the extent to which HIV/AIDS is a barrier to schooling (School for Education, Training and Development, 2003).

4.3 Research Design

4.3.1 The research site

This research study was conducted at a local state school, situated in Havenside in Chatsworth, a suburb in Durban. It is a co-educational school that is a service provider to mostly disadvantaged learners coming from a lower socio-economic background. Learners from the local district of Chatsworth, the surrounding and bordering informal settlements, and the townships of Umlazi and Lamontville attend this learning institution. It embraces a multi-cultural, multi-linguistic learner population. The learner population in each class is forty and over. To sustain the learners, many of them who live in poverty, the school has adopted a feeding scheme that relies solely on sponsorships from the parent community. Entrusted educators ensure that sandwiches are distributed twice a day to the needy learners.

4.3.2 Sampling process

Selecting a sample for this study was a challenging but interesting process. After having briefed firstly the principal and then the grade 6 educator on the sampling criteria, in consultation with the class educator and enlisting her assistance, I purposefully selected learners for the sample. It is the school's policy to keep a learner profile for individual learners in the school. The learners' profiles assist the educators on the site concerned to have an overview and a basic understanding of the learners' background. The sample included an equal number of males and females bringing the total number of participants to 12. The ages ranged from 11-14. Upon investigation I found that two of the twelve participants had no surviving parents, two had both parents and eight had only one surviving parent; only one of the eight worked away from home and the whereabouts of four parents (fathers) were unknown as they had deserted or abandoned their families. These participants were left with someone who assumed the role of a caregiver; the

grandmother, older sibling, foster parent(s), neighbour, uncle, aunt, or some adult in the community. The final sample comprised of twelve grade 6 learners; consisting of six boys and six girls.

4.3.3 A profile of the participants

To protect their identities, each of the twelve participants was requested to choose a nom de plume for this research study. Extracted from the structured questionnaire, a brief narrative on the biography and background of each participant is presented below.

Participant One: Beyonce

Beyonce is a 13 year old orphaned female who lives with her two siblings, both scholars being 14 and 16 years of age who are in grade 7 and 10 respectively. Her father, after being sick for two years, died from tuberculosis in October 2003. Her mother died from cancer in August 2005 after being ill for 1½ years. Both her grandparents died in July 2004 and August 2005 respectively. The most recent loss of her mother and grandfather, and the number of deaths she has had to deal with in a short space of time has left her highly traumatized and very emotional, according to the teacher. An aunt who was HIV positive for six years, passed away in February 2005 after being very ill. There are no adults in the household. The maternal uncle, who is a businessman, provides support in the form of food, clothing, school fees and transport costs to school. He also pays the electricity, water and telephone bills. Beyonce lives with her siblings in a four room house in a township from where she travels distance from the school.

Participant Two: Fifty Cent

Fifty Cent is a 14 year old male who lives with both his parents, his paternal grandmother and his two siblings, 11 and 16 year olds, who also go to school. They are in grade 5 and 8. They live in a one bedroom house in an informal settlement in the nearby township. The father has a full time job as an unskilled labourer in a local chain store. The mother is forced to stay at home for lack of employment opportunities. Between September 2003 and April 2004 the father did not go to work because he was sick with tuberculosis. The family depends on the father's income; the grandmother's state

pension, as well as the disability grant that the sister receives from the state. The sister (age unknown) lives in a rural area where the original family home is situated.

Fifty Cent depends on the school's feeding scheme for his meals at lunchtime. On most days there is no money to buy bread for his lunch. Their meals at home consist of the basic bread and margarine spread as well as potatoes and rice. Being a poverty stricken family, there is sometimes no food for him when he goes home from school. Lack of financial resources has resulted in his school fees not having been paid for 2005, and there is a balance being owed from previous years.

Participant Three: Whitney

Whitney is a 12 year old female who lives with her mother and her two siblings, one of whom is a 14 year old scholar in grade 8. The other 22 year old sibling failed grade 12 twice, and is unable to find employment. He stays at home. The father, an alcoholic, deserted them and he has another family.

Whitney and her family live in a two bedroom house with the basic amenities in the township not far off from the school. Her mother is a professional worker (nurse) and is employed by the state. The family depends on the mother's salary and the maintenance received from the father to buy food and pay the bills. Whitney prepares her own lunch for school on a daily basis. She is emotionally affected by her father's alcoholism and by her grandmother being ill from tuberculosis and a stroke. Her mother could afford to pay only a part of the school fees for 2005, and there is still a balance being owed from previous years.

Participant Four: Theresa

Theresa is a 12 year old female who lives with her paternal aunt and four paternal uncles in her father's three bedroom home in a well developed area a distance from the school. She is the only child. Her mother died in April 2005 after having undergone surgery. Her father is a professional worker (educator) and he is employed by the state. He works away from home but he comes home every weekend and every holiday. The aunt has a tertiary education and is unemployed for lack of employment opportunities. One uncle is an educator and another receives a disability grant from the state. Two

others are unemployed for reasons unknown. The family depends on the father's salary and the uncle's disability grant to purchase food and pay the bills. The uncle who is an educator also makes a financial contribution to support the family. Theresa is a well-groomed child who enjoys being at school. Unlike other learners, she has access to luxuries such as a daily allowance. Her school fees have been paid by her father.

Participant Five: Snoop Dogg

Snoop Dogg is a 13 year old orphaned male who lives with his ailing grandmother who suffers from tuberculosis, three siblings and a cousin. Two of his siblings, 14 and 16 year old, are at school. The 17 year old is at home and refuses to go school for reasons unknown. The cousin, a 5 year old, is at home with the grandmother. The father died in 1990 from chest ailments and tuberculosis, and the mother died from alcohol abuse in 1993. Snoop Dogg experiences learning problems. IsiZulu is his first language and he has limited English language proficiency. Nobody in the household is employed. The only means of income is the money the grandmother generates from making and selling bags and buying and selling dishcloths. It is this money that is used to buy food and pay the bills. Snoop Dogg and his family live in a two bedroom house in a suburb. He takes the bus to school. Although Snoop Dogg takes lunch to school, he still relies on food from his classmates, friends and the school's feeding scheme. He suffers from tuberculosis and is receiving treatment. He is currently on treatment for scabies and during the course of the year he had chickenpox. Since there is a lack of financial resources his school fees have not been paid for the current as well as the previous year.

Participant Six: Mario

Mario is a 13 year old male who lives with his parents, one sibling, paternal grandmother, three paternal aunts, and two cousins. They live in a three bedroom house in a township near the school. They enjoy all the basic amenities and a few luxuries such as a car and having reading material at home. Both his parents and one of his aunts are employed and hold full time jobs. The father is the head of the house but all three of them pool their financial resources to buy food, pay the bills and run the house. The grandmother and two aunts are at home together with a 5 year old sibling. The one aunt is

receiving treatment for tuberculosis, and the other aunt is unable to find employment. The 10 and 13 year old cousins are scholars in grade 4 and grade 6. Mario enjoys good nutritious meals and brings lunch to school on a daily basis. On the days that he does not have his lunch to school his father gives him money to buy something to eat. Both the mother and father share the responsibility of paying Mario's school fees annually. However, for reasons unknown, there is an outstanding amount that is being owed from the previous year.

Participant Seven: Beckham

Beckham is a 14 year old male who lives with his mother, four siblings, one of his sibling's baby, and a maternal aunt and uncle. His father died tragically in November 2004 when he was violently shot in gang warfare. The family lives in a two bedroom house with all the basic amenities in the nearby township. There is an outbuilding which is occupied by the uncle. The mother and uncle are employed and hold full time jobs. The 20 year old sibling is a student at a tertiary institution, the 19 year old is in grade 12 at the local school, and the 15 year old is in grade 10. The 21 year old completed grade 10 and had a baby. She is at home to care for her 2 year old baby. In order to buy food and pay the bills the family relies on the income that is brought in by the mother and uncle, and the childcare state grant that is received by the sibling for her child. Although Beckham has a lunch from home, he takes lunch from the school's feeding scheme. Because of language barriers Beckham experiences learning difficulties. His school fees have not been paid for 2004 and 2005.

Participant Eight: Alicia Keys

Alicia Keys is a 13 year old female who lives with her mother and four siblings. Her father died tragically in a car accident in 1993. Her mother is at home and does not work. Alicia's 25 year old sibling suffered a stroke and is not in good health. She and another 20 year old are at home. A 23 year old sibling works full time in a bar in the city, and a 12 year old is in grade 4. The family live in a three bedroom house that they built in the township nearby. They have adequate living space and enjoy the luxuries and comfort of having a dining room, a lounge and reading materials. The father had a full time job

and worked for a reputable company that made a payout upon his death. The mother and all of the siblings were beneficiaries to the father's payout. One sibling who worked together with the father for the same company died in 2004 after being ill. Another payment was received by the family. Again, the mother and surviving siblings were beneficiaries to the money. They live off the financial resources that they have in the bank. Alicia Keys brings money to school daily to buy food from the tuck shop, and she enjoys nutritious meals at home. Her school fees have been paid in full. She identifies language barriers, that is, her low English Language proficiency, as a contributory factor to her learning difficulties. However, she enjoys being at school.

Participant Nine: DMX

DMX is a 13 year old male who lives with his mother, two siblings and two maternal uncles. His father deserted them and he has another family. The mother is currently at home and is seeking employment. His siblings, 10 and 11 year olds, are in grade 4 and 5. Both the uncles work, the one is self employed and derives an income from the taxis he owns while the other holds a full time job as an engineer with a reputable company. The uncles provide financial support as they both generate good incomes. They buy the food, pay the bills and take care of the household expenses. They live in a two bedroom house in the township nearby. They have the luxury of a dining room and a lounge together with all the other basic amenities. The uncle owns a car and they have access to reading material at home. DMX carries a packed lunch to school on a daily basis, and he gets money from the uncles to buy the odd chips and sweets from the tuck shop at school. He enjoys nutritious meals at home. He does, however, experience problems with reading English and spelling words. For this reason, he stated that he does not enjoy being at school, as he does not cope with his homework. His school fees for the current year have been paid by his uncle.

Participant Ten: Robin Kelly

Robin Kelly is an 11 year old male who lives with his maternal grandmother, six siblings and a maternal aunt and uncle. Two of the siblings, 22 and 20 years of age, are training to be professional workers (nurses) and do receive a trainee's salary. Two others

are scholars, one 18 year old being in grade 12 and the 8 year old being in grade 3. A 24 year old is very ill and he is unable to work. His condition depresses Robin Kelly to a large extent. The last born is a 4 year old who attends a crèche. The grandmother, together with the aunt and uncle, are at home and do not work. The grandmother receives an old age state grant. The uncle was injured at work and lost four of his fingers thus incapacitating him. The aunt is paid by Robin Kelly's mother to care for the family and complete household chores in her absence.

Robin Kelly's father, a taxi owner, died after being ill for a period of time. He has a very vivid picture in his memory of his father being very ill, being unable to work, being in and out of hospital, being totally incapacitated and having to be cared for by Robin Kelly's grandmother before dying. The cause of the father's death is still unknown to the children because the adults refuse to disclose the details to them. The mother is a professional worker (educator) who works away from home and is with her family every second weekend and during the holidays. Early in the year in January 2005 she took ill and was admitted into hospital until March 2005. She was allowed a pass out for one weekend only. Her being ill and her poor physical condition impacted adversely on Robin Kelly and his siblings. They refused to eat and to go to school. Only after the one older sibling visited the mother in hospital and assured them that she was on her way to recovery did they resume their normal day-to-day activities. The grandfather, the owner of many taxis, was self-employed. He was shot and killed in gang warfare and taxi violence. The family, with the grandmother being the head of the household, depends on the mother's salary, the uncle's disability grant from the state, the grandmother's state grant, and the money generated from the taxi business to buy food, pay the bills and take care of household expenses. The family lives in a two bedroom house with all the basic amenities in the township. Robin Kelly contracted tuberculosis in December 2004 and is on treatment currently. He enjoys three meals a day and brings lunch to school. At times, he does however; accept food from his friends and the school's feeding scheme. To date the grandmother has not paid his school fees for reasons unknown to him.

Participant Eleven: Amy

Amy is a 12 year old female who lives with her mother, three siblings, two nieces and a nephew, maternal grandfather, a cousin and three others from her maternal side of the family. The father deserted the family and lives with other relatives. The mother works from home together with the one sibling, a 20 year old, and her (mother's) two cousins making and selling articles of clothing to the locals in the community in which they live. They also generate income from selling the clothes at a flea market. Another 26 year old sibling works from home as a hairdresser, and a 13 year old is a scholar in grade 6 together with a 12 year old cousin in grade 5. One 21 year old takes care of the grandfather and the three toddlers 1, 4 and 5 year olds, and tends to the household chores and the cooking.

The family depends on the generous income generated by the five people that are successfully self-employed. All five make their contributions but the mother, possessing business acumen, is the head of the household. She buys the food, pays the bills and takes care of household and business expenses. There is also income from running a tuck shop that serves the locals. They live comfortably in a four bedroom house in the township nearby and enjoy all the basic amenities. Amy enjoys the luxuries of sumptuous home cooked meals. She brings a packed lunch to school and has money to buy food from the tuck shop. Her school fees have been partially paid. There is an outstanding balance for the current as well as the previous year.

Participant Twelve: Kelly

Kelly is a 12 year old female who lives with her maternal grandmother, maternal aunt, one sibling, one cousin and her niece. Her mother is deceased; she died tragically in a car accident around mid-year in 2003. The father deserted the family and his whereabouts are unknown. The 18 year old sibling is a grade 12 learner at a school nearby. The 15 year old cousin is at a prestigious more advantaged school. It is assumed that the grandmother who is a retired educator pays the school fees from the remuneration received from the service provider who employed her before her retirement. The 6 year old sibling is in grade 1 at the local school. Of Kelly's older siblings, one 30 year is employed and his whereabouts are unknown; a 28 year old is in prison, and a 25 year old

lives with a maternal aunt. The grandmother is 74 years of age and is at home. The aunt takes care of the cooking and Kelly, together with her sister, takes care of the household chores on a daily basis. The family depends on the state grant/pension received by the grandmother to buy food and pay the bills. The aunt also receives a state income in the form of a disability grant but makes no contribution towards the house. She spends the money on herself. An uncle assists by buying food and/or giving the grandmother some cash to run the house. They live in a three bedroom house with all the basic amenities in the nearby township. On some days only does Kelly have breakfast and bring lunch to school. On most days she relies on lunch from friends and classmates, and she also takes lunch on a daily basis from the school's feeding scheme. Kelly lives in a very unhappy and insecure home environment. She prefers to be at school. The grandmother has paid a large portion of her school fees with only a small amount that is outstanding.

4.4 Methods of Data Collection

Two data collection techniques were employed to conduct this research study: A structured questionnaire and a four-stage focus group interview process.

The individual participants were also interviewed using the structured questionnaire that elicited information regarding the learners' biography and background.

The second part of the data collection involved focus groups. The fact that focus group interviewing is particularly suited for obtaining several perspectives about the same topic (Gibbs, 1997; Kitzinger, 1994; Powell and Single, 1996), it benefited me in gaining insights into peoples shared understandings of everyday life and the ways in which individuals are influenced by others in a group situation (Gibbs, 1997). Morgan (1997) endorses this stating that focus groups rely on interaction within the group based on topics that are supplied by the researcher.

The main purpose of focus group research was to draw upon respondents' attitudes, feelings, beliefs, experiences and reactions in a way in which would not be feasible using other methods, for example observation, one-to-one interviewing or questionnaire interviews. According to Gibbs (1997) these attitudes, feelings and beliefs may be partially independent of a group or its social setting, but are more likely to be revealed via the social gathering and the interaction which being in a focus group entails.

However, it is easier to control the individual interview than a focus group in which participants may take the initiative. Focus group interviews were conducted to elicit data from the twelve participants by using a variety of projective techniques and drawings. At the outset, the purpose was to establish rapport and trust with learners. Whilst focus groups elicit a multiplicity of views and emotional processes within a group context, being economical on time, it also enabled me to gain a larger amount of information in a shorter period of time (Cohen, Manion and Morrison, 2000; Gibbs, 1997).

The limitation, however, is that, problems arise when attempting to identify the individual view from the group view, as well as in the practical arrangements for the conducting of focus group interviews. Of great significance also is the reference made to the role of the moderator. Gibbs (1997) stresses that good levels of group leadership and interpersonal skills are required to moderate a group successfully.

With adaptability being a major advantage of the interview process I was able to follow up ideas, probe responses and investigate motives and feelings (Bell, 1993). Goss and Leinbach (1996) suggest that working collaboratively with the researcher, the process can be very empowering allowing the participants to experience a sense of emancipation.

4.4.1 Participatory methods

The multiplicity of techniques and strategies used in the collection of the data were particularly advantageous in this context as the levels of literacy of the learners were low. The participatory techniques used for data collection did not rely heavily on reading or writing skills, but placed greater emphasis on the power of visual impressions and the active representation of ideas (O' Kane, 2000). These included process-related activities such as icebreakers, diagrammatic mapping, projective techniques, drawing activities, and activities which drew the focus group sessions to a close with a positively affirming activity.

As in the study by Van der Riet, Hough and Killian (2005), the icebreakers used at the commencement of each focus group interview created an environment that facilitated the development of group cohesion, thereby promoting participation and helping participants to relax. The game related activities and choice of code names provided an opportunity for the participants to laugh, at the same time enjoy and develop

group identity. Van der Riet, Hough and Killian (2005) argue that play is often used when working with children as it is believed to be children's natural means of expression.

The sensitive and emotional nature of the research topic required of me to establish and review group norms at each session so as to create a containing environment in which to share personal information. A reflective activity at the end of each group session and at the end of the four-stage focus group sessions allowed the participants the opportunity to express something affirming about themselves. According to Van der Riet, Hough and Killian (2005) the risk and resilience literature argues that part of being able to build resilience is the ability to articulate positive things that one is, one has or one can do. Resilience, as defined by Masten, Best and Garmezy (1990) is the process of, or capacity for successful adaptation despite challenging or even extremely threatening circumstances. Closing activities served as reminders to maintain confidentiality.

4.4.2 Participatory techniques used in the focus groups

To facilitate expression within the focus groups, the techniques employed encouraged more than verbal discussion. The projective techniques, diagrammatic mapping, drawing activities, and ranking activities elicited active participation and enabled expression.

4.4.2.1 Projective techniques: The projective techniques used asked the children to reflect on a picture of a child in relation to particular issues. In this context it revolved around inclusion and exclusion issues, attendance, knowledge of the pandemic and accessing support. To gain insight and an understanding of factors that make some children popular and to discern what factors children use to stigmatise or discriminate against some children, learners were exposed to a photograph to elicit discussion eg. This is Vusi. He is well known and well liked by his peers. What are some of the reasons for his popularity? This is a picture of Siphon who does not attend school for long and sometimes short periods of time. Tell me a story which indicates the possible reasons for his non-attendance at school.

O’Kane (2000) postulates that the use of concrete situations, help to facilitate younger children’s participation and ability to enter into discussion. Together with O’Kane (2000), Van der Riet, Hough and Killian (2005) argue that enabling children to project onto a picture circumvents them into having to talk about potentially anxiety and stigma provoking personal issues. The respondents’ real feelings are then inferred from what they say about others.

4.4.2.2 Drawing exercises: Widely used as psychological assessment tools children’s drawings have been used to explore developmental maturity, group values, perception of self in relation to others and personality (Klepsch and Logie, 1982). Five types of drawings were used to elicit a powerful expression of self and an expression of feelings, namely the “Journey of Life”, a “Sick” person, an “Affected” person, “Body Mapping” and a “Timeline”. In drawing the “Journey of Life” the children reflected on their lives and shared their life stories through the metaphor of their life as a journey, highlighting significant events that affected their lives along the way, both positive and negative. The next two activities demanded of them to draw a “sick” person and an “affected” person expressing their interpretation of the given concepts. In “Body mapping”, a paired activity, the participants drew the body outline of each other. The outline had to be filled with highlights of their emotions and experiences with regards to the pandemic. Timelines involve the act of creating a chronological string of events.

4.4.2.3 Ranking exercise: In the diamond ranking exercise, the participants discussed and indicated in rank order what made school difficult for them, what they did not like about school and what factors affected their performance. In one activity the difficulties experienced by the participants were recorded on pieces of cardboard and displayed on the floor. Using the two beans given to them, individual participants had to identify and place the beans on the two difficulties/issues they experienced the most. Participants explained when they experienced these difficulties and why. The participants then ranked these issues in order of difficulty using a diamond shape. Things that made learning most difficult (identified by having the most number of beans placed on them) were placed at

the top and difficulties that were not so frequently experienced (indicative by fewer number of beans) were at the bottom of the diamond shape.

In another two ranking exercises the participants discussed their strengths and concerns with regards to health and emotional issues. These strengths and concerns were recorded on pieces of paper and placed on the floor. Again the participants had to place the two beans given to them; one on issues that troubled them and another on the individual strengths that they identified. These were placed in rank order, first the concerns followed by the strengths. The technique provided insight into which issues concerned these children the most.

The “Line exercise” used is a type of ranking exercise. This exercise allows the participants to indicate factors that encourage or hinder their participation and freedom of expression in the classroom. Learners chose their place in a line up to indicate their level of participation in the classroom eg. If you are likely to talk a lot in the classroom stand at the front end of the line and if you are less likely to talk stand at the rear end of the line.

4.5 Data Collection Process

The twelve participants’ mother tongue is isiZulu, whilst the medium of instruction at the research site is English. I used English during the interviews. When administering the instrument I experienced problems and limitations in certain instances and had to repeat, simplify, elaborate or probe where necessary due to the fact that the participants were not totally proficient in English. There were participants who experienced language barriers more than the others. This was overcome when their peers in the focus groups who were more proficient assisted them in following the activities.

Access to the research site was made simple for me. Initial contact was made with the principal by my supervisor from the university. I arranged a meeting with the principal outlining full details of the purpose and intention of the research study. Thereafter I sought written permission and consent to conduct the research study at the school from the School Governing Body. The principal gave me his full support and co-operation. He arranged for me to meet with a grade six educator who then assisted with the selection process. A suitable venue away from the rest of the school was set aside for the project. I was accommodated for a whole week to collect the data.

On day one I initially met all twelve of the participants collectively to explain the study to them and the research process. Thereafter I met with individual participants to obtain the biographical and background information of each of the participants. To access the information a structured questionnaire was used. This was indeed a time consuming process as I conducted the process unassisted. Once this was completed all of the twelve participants met at the arranged venue and the focus group sessions were explained. The focus groups were divided into four clearly demarcated sessions. The data collection was done over the next five days and was finally completed on the sixth day.

4.5.1 Individual interviews

In the individual interviews, a Participant Interview Schedule was used (refer to Annexure A):

This interview obtained biographical data and background information on each participant. It consisted largely of close-ended questions. The questionnaire was structured to provide me with personal details of the participants, their family details, household membership, sources of income, housing issues and family resources, health and nutrition, school matters and community issues. I conducted the individual interviews. In some instances learners were required to elaborate on some of their responses.

4.5.2 Focus group interviews

The focus group sessions comprised of four interviews (refer to Annexure B).

Focus Group Interview One: This session commenced with an icebreaker to establish rapport and trust with learners and to focus on the intersecting influences of barriers to schooling. At this stage the ground rules for communication were established and to make the environment a safe space for all to share confidentiality pledges were established. To ensure that it was not hierarchical I introduced myself as Auntie Sandy and sat on the same level as the learners. We sat in a circle and the learners then chose pseudonyms/codenames for themselves; these names were their research names. At this point it was explained to the participants that any information divulged at the focus group interviews will be recorded under their code names and hence anonymity would be

maintained. As an icebreaker the learners indulged themselves in a ball game. The learner articulated his/her code name, then called out to another learner by his/her code name and consequently threw the ball to that person, encouraging everyone in the circle to participate. I joined in to include those that were not being included as much. The second icebreaker took the form of a game where the learners' actions corresponded to a command to jump into the river or onto the bank. Group rules were reiterated and consolidated to allow for and encourage freedom of expression and sharing of thoughts before commencing with the activities that followed. A series of open-ended questions were posed to cover the following themes: motivation, performance at school, class participation and inclusion and exclusion issues. Examples of questions are: Why do you come to school? What do you enjoy about school? What makes you sad about school? What makes learning difficult? Given the opportunity what would you like to change about your school? Do you cope on your own or does somebody help you with homework? Using two different photographs learners discussed reasons for Vusi's popularity at school and reasons as to why Douglas was not so popular. Pictures of Siphon and Thandi were used to elicit reasons for non-attendance at school. Tell me a story about why Siphon/Thandi didn't come to school. What did he/she do in the time that he/she didn't attend school? What did his/her family and the teachers do about him/her not attending school?

Focus Group Interview Two: The ground rules were reviewed and consolidated before the confidentiality pledges were handed out. To refresh and energize the participants, icebreakers gave the learners an opportunity to identify with each other and a greeting game followed. The participants wrote their favourite food on pieces of paper and the first one to identify two others who had the same food as themselves was declared the winner. The participants enjoyed greeting each other with parts of the body like elbow-to-elbow, back-to-back, foot-to-foot, knee-to-knee, etc. The tone indicated the emotional state of the mind such as sadness, happiness, excitement, etc. Learners were calmed down before commencing with the activities. With the focus on the participants themselves the themes highlighted in this section were those of sickness and health. A variety of open-ended questions covered the sub-themes of support systems, health (emotional state),

mortality, resilience and the journey of life. Learners had to draw a road indicating significant events that occurred in their lives. Draw a road that symbolises your life. What do you like about your life? Tell me anything positive /significant about it. What would you like to change? Look at the list of things that worry you and place a bean on what worries you the most. What makes you strong and who are the people that make you feel strong? Look at the strengths and identify your strength by placing a bean on it.

Focus group Interview Three: Commencing with a review of the ground rules and group norms the participants engaged in an ice-breaker where they had to write the names of animals on pieces of paper and have them put into a box/container. Participants had to retrieve pieces of paper and mime the noise and movements of the animal that appeared on their piece of paper. They observed each other and had to guess to identify the learners that were the same animal as himself or herself. The common animals grouped themselves together. The main focus of this section was on HIV/AIDS. Open-ended and close-ended questions highlighted the sub-themes of sickness, knowledge of HIV/AIDS in general, awareness of HIV/AIDS in their residential area, how they are affected and what support systems are in place. Learners were given a piece of paper and crayons to draw a picture of a sick person. Tell me about your drawing. Who is in the picture? What sickness have they got? What happens to them with this sickness? For how long have they been ill? What does HIV/AIDS mean to you? Is there another name for it? How did you get to hear about HIV/AIDS? What thoughts and feelings come to you when you hear the words? On a piece of paper write what you fear most about HIV/AIDS. What happens when a person has HIV/AIDS? In this picture someone in Siphos family has HIV/AIDS. In what ways is he affected? How do others behave towards people with HIV/AIDS?

Focus Group Interview Four: This section commenced with a review of the ground rules and the confidentiality pledges. An icebreaker followed the discussion where five shapes had to be cut out of cardboard and then divided/cut into halves. All the pieces were collected and put into a container. Each learner picked a shape, found a matching partner, patched them together and presented the shape. First pair to have presented the shape was

the winner. The main focus of this section was on HIV/AIDS, learners' knowledge and awareness of the pandemic and support systems and their personal experiences. Open and close-ended questions were posed on the sub-themes of knowledge of HIV/AIDS, accessing support and emotions. Learners had to get into two groups and state whether the statements given to them were true or false and then report back. Examples of questions include: HIV stands for Human Immunodeficiency Virus. Only African people get HIV/AIDS. You can get AIDS by sharing the same space. Using the picture of Thandi from session one I explained that Thandi's mother is sick and Thandi has not been to school for two weeks. What are some of the reasons for Thandi not attending school? Do you know of someone who is in a similar situation? Where and how can Thandi get help now that her mother has died? How can the community help? Learners had to lie on pieces of paper and draw outlines of each other. Use drawings or symbols to fill the inside of the body with emotions of how you feel about HIV/AIDS.

4.6 Ethical Considerations

Ethical Clearance (refer to Annexure F) was obtained from the University of KwaZulu Natal Research Office (ethical clearance number: HSS/06105A). As a researcher I was aware that discussing sensitive issues could cause emotional trauma to the learners, and this was carefully considered in the design of the data collection. The four-stage participative focus group process, beginning with general and less personal issues, and then introducing more sensitive topics later in the process was one strategy used. I hoped that over the four stages of the process the learners would develop a trust in me and their peers which would then enable them to speak more easily about sensitive topics. The projective techniques also helped to lessen the impact of topics that seemed of a personal nature. The participatory techniques that were visual in nature enabled children to express their experiences in a variety of ways that did not rely solely on verbal communication. In addition, I had on hand the services of a registered educational psychologist if I felt that any learner needed counselling at any stage in the research.

Given the nature of the research project, respect for persons and their privacy are key ethical issues in HIV/AIDS research. This kind of psychosocial research involves highly personal and sensitive topics, hence the need to exercise respect and

circumspection in engaging with participants since those affected and infected by HIV/AIDS are often most vulnerable and marginalized (Gray, Lyons and Melton, 1995). With the kinds of problems being investigated there was the possibility of learners getting upset from talking about, for example, the status of a family member or some traumatic experience that they may have experienced. Since the proposed research involved entry into the private spaces of participants, and given the stigma and discrimination associated with the pandemic, I was extremely sensitive to issues around participation.

The bedrock of ethical procedure is informed consent (Cohen, Manion and Morrison, 2000). The school being the nucleus of the research site, the first step involved a meeting with the principal and thereafter with the educator of the grade six learners to explain the nature and intent of the research study and to negotiate gaining entry into the research site. A letter was forwarded to the principal seeking consent (refer to Annexure C). Since the participants were children, this type of psychosocial research initially necessitated obtaining consent and co-operation of the parents, guardians and caregivers so that their children could assist in the investigations. A letter in isiZulu, the first language of families, outlining the purpose of the study, the nature of the activities their children will be engaged in, an assurance of anonymity of their children and confidentiality of all information furnished by their children was forwarded to parents or guardians or caregivers (refer to Annexure D). All of the parents, guardians and caregivers consented to their children's participation in this study.

A second letter (refer to Annexure E) to the participants, written in English (the medium of instruction at the site of learning), outlined the purpose of the study, the nature of the activities they will be engaged in, and an assurance of anonymity and confidentiality of all information furnished by them. As suggested by Cohen, Manion and Morrison (2000), the participants were clearly informed that their participation and involvement was voluntary and that at any given point, should they feel uncomfortable, they have the right to refuse to take part or withdraw from the project without prejudice to them. All of the twelve participants willingly consented to participation and involvement in the study.

Because focus group interviews served as an instrument to gather the data, and the participants were exposed to the individual stories and experiences of other participants, I

had to ensure that the concept of confidentiality was fully understood by the learners. I had to establish group norms and use confidentiality pledges (both verbal and written) to consolidate this understanding. Before the commencement of each focus group activity the group norms were reviewed to reinforce the need for all information to be regarded as highly confidential. Further to that, the participants made verbal pledges to keep all information divulged during the focus groups strictly confidential.

There were however, limitations to this study. Working with predominantly isiZulu speaking learners (as researcher having a limited knowledge of isiZulu), I had to enlist and depend on assistance from those learners who spoke and understood English better than their peers to code switch and help each other during the focus group interviews. However, this problem arose with only a small group of learners who had limited English language proficiency. I had to elaborate more than was expected in certain instances. At times the participants were inaudible or remained silent and did not respond, leaving me with the option to prompt for responses. I found myself repeating the responses of the participants for the purpose of recording information for the process of analysis. They could not understand what was required of them when instructions were given. This resulted in me having to elaborate, simplify or probe to elicit responses. Further, owing to the fact that the learners have not disclosed the cause of death of their parents this research study assumes that the death of parents is HIV/AIDS related and that the intersecting barriers to schooling experienced by themselves is HIV/AIDS related.

4.7 Analysis of the Data

The focus group sessions were audio-taped and then transcribed. Once the information was gathered it required a process of coding. The transcripts were then subjected to content analysis. I used a descriptive analysis technique where units of meaning were identified and categorized, after which central themes were identified and linked using the substantive points made by the participants (Bell, 1993; Patton, 2002).

Being confined to one primary school in one province, triangulation was used in this qualitative research to test the reliability and validity of this study. Triangulation is a validity procedure that is employed to search for convergence among multiple and

different sources of information when forming themes or categories (Creswell and Miller, 2000). As advocated by Patton (2002) and Johnson (1997) the use of triangulation strengthens this research by combining methods. The engaging of multiple methods such as individual interviews and focus group interviews including various participatory research techniques lead to a more valid, reliable and diverse construct of realities (Johnson, 1997).

Further to this, this micro-level research, using more qualitative and participatory methods, elicited very valuable insights, drawing attention to the effects of HIV/AIDS on this particular school and community and the concrete experiences and responses of learners regarding HIV/AIDS (Huber and Gould, 2003a and 2003b).

4.8 Summary

This chapter discussed the planning and execution of the study giving a detailed account of the methodology and design of the study.

The next chapter outlines a discussion on the findings of the study.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter presents the findings and their interpretation. The data obtained through the focus group interviews were subjected to a content analysis. Units of meaning on each topic were identified and categorized, after which central themes were identified. I quote verbatim the substantive points made by the participants; hence the participants' voices are presented.

The key research questions in this study were:

- What exclusionary factors impact the schooling experiences of the learners in the study?
- To what extent is HIV/AIDS an exclusionary factor in the schooling experiences of primary school children?

The following key themes are discussed in the sections below: Exclusion/inclusion in learners' lives; Experiencing HIV and AIDS; Intersecting barriers to education

5.2 Exclusion/Inclusion in Learners' Schooling Experiences

One of the aims of the study was to determine the participants' attitude towards school and the factors that influenced and affected their attendance and consequently their schooling. Findings suggest that positive as well as negative factors were evident in learners' schooling experiences. The discussion below focuses on the micro-level of the school context (Bronfenbrenner, 1986), that is, the pattern of activities, roles and interactions experienced by children in this immediate environment and the interactions between children and other people that shape their development.

5.2.1 The school as a resiliency factor in learner lives

In focus group one the findings revealed that learners view the school setting at the micro-level as a potentially resiliency building factor in their lives. Even though the learners experienced great difficulties, they possess characteristics that empower them to

do well in life; in this case to go to school against all odds. Killian (2004) defines resiliency as *ordinary magic* that enables some children to progress well despite experiencing difficulties. She emphasises the fact that resilient children seem to do well in life; possessing the ability to bounce back and cope well despite having to face hardships and adversities. Wang and Iglesias (1996) sum up resiliency as *success against the odds* where the learners in this context possess the ability to survive and develop in contexts of extreme adversity. Resilience, as defined by Masten, Best and Garmezy (1990) is the process of, or capacity for successful adaptation despite challenging or even extremely threatening circumstances.

A resilient culture is protective, supportive, risk free, and inclusive of all people, regardless of race, class, geographical location, gender, ethnicity or any other difference (Ramsuran and Lurwenga, 2008; Masten and Coatsworth, 1998).

Most of the learners clearly were strongly motivated to go to school. Learners communicated that they derived social and emotional support in their school environment. The school offered them a sense of security, safety, caring and belonging from material resources, the curriculum, peers and teachers. Van der Riet, Hough, Killian, O'Neill and Ram (2006) also found that having friends at school promoted resilience and coping as these friends could help them forget, or be distracted from difficult life experiences.

“Friends...education teaching life skills...friends give support, love, care...good advice, good ideas, help with homework...If I am sick she give me attention...have a good education...encouragement...motivation...treat you with respect...rest and sleep...get good food...spiritual prayer...people would care for you...listening.”

“Ma’am to work in your group...Because ma’am you know you helping each other...You can share...You ask...Don’t know got another idea...Work together...To get to know each other well...Respect one another...Listening...paying attention...Focused...And help each other.”

“You have friends who care about you...Makes you feel safe...because no one can walk in you have to go to the office.”

“To meet other people who are different...Time with your friends... to play with your friends...There are people your age group...You want to play with other schools...Maybe they ask something from another person...Talk about what you feel...Ma’am like when I was on holidays I want to talk to another people to share with them what she was doing the whole day...I just want to talk I was happy or sad and then to share with them...Ma’am I like sharing my stories with other people like talking to each other...I don’t care if people laugh.”

“The classrooms are big...Library...Windows...There is also shade...they cut the grass.”

Learners without doubt valued education. They indicated that receiving an education would make them literate, instil values in them and empower them in preparation for the future challenges. The skills and knowledge would allow them to develop into responsible human beings so that they can make informed decisions and make positive contributions to society as evident in the following response in focus group one:

“Because I want to...I need to get a good job...To help other people... Teaches you about respect...respect other pupils....to behave in class...be happy...respecting the teacher...respecting other people.”

They are also acutely aware of the value of education and that participation in educational activities and the acquisition of knowledge held the key to success for the future. Similar findings were evident in a study by Van der Riet, Hough, Killian, O’Neill and Ram (2006) who found that children in the study were very aware of the value of education and a good education was the key to acquiring a job in the future and having a successful life.

The school offers a variety of sport and recreational opportunities for learners which they clearly enjoy.

“You have sports...Swimming...We have netball courts...Tennis court...It gives you exercise...Keeps your body fresh...Want to play soccer...Keep you fit.”

One way in which the benefits of an education can be measured is in terms of literacy levels. Learners value the exposure the school gives them to improving their literacy levels. This is clearly demonstrated by the participants and is reflected by the following response:

“More experience...Reading books in the library...Share ideas thoughts and knowledge...Books...Learn more information... Also how to read...Computers.....Because we are having computers...how to play computer games...Learn new words...Learn new things...You learn stories...Helps you with your spelling...English... Confidence.”

With the kind of oppression and inequality that the learners were subjected to, the view of this research study is to emancipate individuals and groups towards collective empowerment. Clearly it seems that this school is trying to achieve this goal. It seems that this school is working to become a more inclusive environment where the academic, social and emotional needs of learners are met as suggested in Education White paper 6 (Department of Education, 2001). With the focus on pastoral care of teachers with learners, teachers are dealing with the consequences of HIV/AIDS in their schools and classrooms. Bhana, Morrell, Epstein and Moletsane (2006) point out that well resourced schools are often able to employ counsellors to assist learners and in elite schools the families have resources to ensure access to psychological support, drugs, necessary nutrition and so on. In this instance where teachers provide a rare source of hope there is no staff specifically employed to provide counselling. The teachers have the least resources and are frequently required to provide the most demanding forms of support and care even though they have little or no training. Poverty, violence, orphanhood and

lack of resources make school the only place where children might expect and find any level of care (Bhana, Morrell, Epstein and Moletsane, 2006). Schools therefore need to develop into centres of care and support and develop a curriculum that builds learners socially, emotionally and academically. The AIDS pandemic makes varied demands on teachers. Particularly in this poor socio-economic area where members of family are ill or have been lost to AIDS this resource-constrained educational institution is faced not only with the challenge of providing care and support for the development of individuals that are directly affected but also for other learners that are experiencing emotions of anxiety and loss. In making this school an inclusive learning environment the child is considered as a whole and in doing so the learning institution provides teaching strategies which promote problem solving, critical thinking, values clarification and life skills and learning. Education contents and programmes are designed to suit the needs of the learners which include knowledge, skills, attitudes and values.

A school with competent teachers, relevant curriculum, and safe, secure and healthy physical and social environment allows access to good quality education. Children are afforded the opportunity to acquire the knowledge, capacities and self confidence that is much needed and later in life as adults to act on their own behalf in changing the circumstances that exclude them.

Bhana, Morrell, Epstein and Moletsane (2006) allude to the fact that because of the geographical and socio-economic location of schools and the composition of the learner population, schools will confront bereavement on an almost daily basis. HIV/AIDS will consequently increase demands for pastoral care work in schools. Daniels (1987) and Neild and Angus (2005) suggest that schools look for and read signs such as anxiety, anger, sudden changes in behaviour, etc. and decide upon appropriate strategies for care. Bhana, Morrell, Epstein and Moletsane (2006) illustrate the demand for increased care; and care and support becoming an integral part of teachers' jobs. Wracked by poverty and unemployment, and sometimes violence, schools still need to provide a purposeful and supportive framework for learning and teaching in order to realise their educational vision (Christie, 2001).

UNESCO (2000) emphatically states that families, communities and societies that provide protection and nurturing and a broad capacity to learn will afford children the possibility to make full use of all learning opportunities which are available and are likely to pass these on to their children if the cycle of exclusion is broken.

5.2.2 Experiencing exclusionary pressures in the school context

While Education White Paper 6 (Department of Education, 2001) emphasizes the need to minimize barriers and maximize participation, this research study found that there are numerous key factors or barriers in this context that render a large number of children vulnerable to learning breakdown and sustained exclusion in the schooling context.

The findings suggest complexities in children's experiences at the micro-level of the school. In contradiction to the findings in the previous section, learners revealed the impact of macro-factors on the micro setting of the school. This suggests that social change in education is filled with tensions and that there are multiple power dynamics that operate. Ramsuran and Lurwenga (2008) in their study in a rural context in South Africa found that the potential of the school as 'safe space' is often destroyed by poor educational practices, inadequate policies and neglect on the ground. They also suggest that "many spaces co-exist within the same physical space of a school setting (Ramsuran and Lurwenga, 2008: 397). Their study has revealed the multifaceted nature of power and the relations of power evident in the different spaces.

In the present study, learners explained that experiences of violence, lack of discipline in learners and fear of harm create tensions in their schooling lives. Learners made reference to fear of becoming victims of violence, of threats to the school's property and resources and lack of discipline amongst certain learners. These negatively impact on their schooling experiences and have the potential to create barriers to education, as evident in the following responses in focus group one:

"Fighting...Hurt...Teasing...There are fights...They don't respect the teachers... Laughing... Fighting in the class...When you play with...Children come and push you for no reason...Throwing stones...And people get hurt...And people are calling other children names they wouldn't like to be called...It makes the

environment dirty...The condition of the toilet and you put paper inside... Children just don't care about keeping the littering so they just throw...Ma'am they write on the wall."

Learners had definite views on how to make the learning environment more conducive to schooling. The study suggests that schools need to listen to the voices of its learners. Gibson (1986) argues in his analysis of critical theory that people need to gain the knowledge and power to be in control of their own lives by engaging directly with real problems. Hirst (1983) argues that it empowers them to enable change, in this instance, a change in the learning environment making it more conducive for schooling. Learners views need to be accessed regarding the actual conditions of the social life of the school; disclosing the true interests (needs and concerns) of individuals (Gibson, 1986). The learners wanted changes in the learning institution. They further indicated that this would build learner motivation and learner attendance. This is supported by the following response:

"The toilets...Get them in a better condition...Make a swimming pool... Cut the grass...Breaking glass...Chairs...Windows...Brooms...If you break it then you must pay...Want to buy new chairs... ..Ma'am I would like to change the condition of the boys' toilet."

The findings revealed that the respondents expressed the need for increased resources that they felt would impact positively on their learning.

"By getting more books...And buying new furniture...We want more teachers to teach the children...more fresh air."

"I want to change the computer room...Put in more computers... Make the room bigger...Make the library bigger... Make more classrooms, okay."

Participants indicted that discipline is a problem, and this is exacerbated by large classes and an inadequate number of educators. The noise levels were high resulting in classrooms during lessons, negatively impacting their concentration. Educators are unable to provide individual attention that they sometimes need.

The themes of victimization, stigmatization and stereotyping within the school context emerged in the data. In this context learners have indicated that some do not want to participate in lessons because of the way other learners in the class react to their participation. The fear of being ridiculed and stigmatized in focus group one is illustrated by the following responses:

“Yes ma’am...Sometimes you try...The other children will laugh at you...Ma’am you can’t read properly...When you don’t know the words children laugh and you don’t want to read...Because you are scared...They will laugh at me and at break they will tell everybody you don’t know your work...Ma’am when you talk maybe you are an African, when you talk English and you are African then they ask you why you are talking English. I say I like to talk English... ”

For fear of being embarrassed by their peers children do not attend school. Some of the data pointed to pressures of discrimination on the basis of race, social class, language, and ability. The following responses in focus group three illustrate this:

“Ma’am maybe he didn’t go to school because he didn’t like the children because they teasing him...He didn’t know his work. He didn’t know how to read...He missed important work...He will get low marks...Bad symbol and bad marks...Ma’am maybe they teasing her...The children are stealing her lunch. They are fighting with her...Tease her and ask her why she is wearing those clothes...If you eating school lunch they start teasing you...He doesn’t want to go with people ma’am...They laugh ma’am at his skin...so he only plays in the house.”

In focus group one barriers to curriculum access was raised by learners. The key issue was English as a medium of instruction at the school for many learners for whom English is not a first language. Many learners felt that the needs of second language learners were not met at the school.

“Ma’am when my teacher doesn’t teach and they just write the notes...they just talk to the intelligent people...If you don’t know words and it is English...And then our teacher when she is teaching us ma’am, when she is tired she just says I won’t say anything. I will just write notes on the board and I won’t explain anything because I’m tired of you...You have to borrow someone else’s book and write it down.”

Learners identified gender discrimination and stereotyping within the school and the community. Their experience was that if girls are pregnant they have to leave school and remain at home. This is substantiated by the following in focus group three:

“She must stay at home...They hit her...They punish her...Wash the dishes and clean the house...The older female child had to care of the younger siblings, cook clean the house, take care of uncle.”

Ramsuran and Lurwenga (2008) stress that in South Africa, learners have a right to basic education which includes the provision of a healthy and safe environment (Constitution of the Republic of South African, 1996). Similar to the findings in the present study, the researchers found in their study that the physical space of the school becomes a serious threat to the well-being of learners. Pendlebury and Enslin (2004) argue that just and equitable education provision limits structural forms of oppression that restrict learners’ schooling experiences and addresses barriers as well as access to quality educational opportunities. Ramsuran and Lurwenga (2008) explain that despite the commitment to learner rights entrenched in all educational policies in South Africa, their study showed that South Africa’s children and youth continue to experience persistent social injustice and exclusion from social resources associated with education.

The findings in this study regarding exclusionary pressures in learner schooling lives have implications for school reform. Killian (2004) states emphatically that every layer of society (policy makers, health practitioners, educators and members of civil society) has a role to play in increasing the chances of vulnerable children developing into competent, caring and confident citizens – the goal of education. The process factors in this context highlight the forms of interaction that take place between individuals (supportive, destructive, informative, inclusive, power-based, etc.). Person and process factors can be understood as the layers of society that affect the learners’ schooling according to Bronfenbrenner (1986). The present study highlights these varied layers.

5.3 Poverty - a Key Intersecting Barrier to Education

One of the aims of the study was to gain an understanding of the factors that prevent children from attending school for long periods of time, and the factors that foster school attendance. In one of the projective tasks, learners were asked to view two pictures, one of a girl, the other of a boy, and explain in story the possible reasons for the two children not attending school even though they would have liked to. Many learners pointed to the affordability of schooling as a key factor that prevented children from attending school. Because the family was poor and they had no money they could not afford to send the child to school. There being no money for school fees, stationery or school uniforms, the learner was forced to stay at home. The following responses were elicited in focus group four:

“Ma’am, because maybe his family was broke and they don’t have money for stationery and he doesn’t go to school. I think he like to go to school but his family was broke. They don’t have anything...He didn’t have money to afford school fees and...She didn’t have money for school fees...Money...To buy food...They don’t have money for bus fare...She didn’t have money for bus fare...Ma’am maybe he lives far from the school. He gets tired...Her parents couldn’t afford school fees, to buy stationery and her uniform.”

Whilst the South African Schools Act, 84 of 1996, provides for the exemption of payment of school fees for parents who are poor, the School Governing Body at the school in the study makes payment of school fees mandatory. Many of the participants have had only a part of their fees or no fees paid. They were in arrears for the previous year. Learners indicated that they are humiliated by having to take home letters from the school to recover the fees owing, and school reports are withheld. This kind of oppression reflects the powerlessness of the individuals to access the social rights embedded in policy instruments and legislative frameworks. Ramsuran (2008) found evidence in their study that constraining school policies resulted in learner drop-outs.

The study revealed that poverty is experienced by learners as extremely disempowering and as a stigma, as found in the study by Killian, Van der Riet, O'Neill, Hough, and Zondi (2008) and Harley (2006). Poverty manifests itself in the non-payment of school fees. Learners commented by saying that although the school fee was a paltry sum, their parents and caregivers could not afford it. This resulted in learners being humiliated as the school withholds school reports.

Experience of food insecurity emerged in the findings. Learners saw this as one of the reasons for poor school attendance, and poor performance by those who do attend school.

“Hungry...won’t concentrate...He can’t hear...Some of them they don’t have breakfast...If I am coming to school I am just wasting my time because I can’t do anything because I am hungry...Ma’am you won’t hear what the teacher is saying...as we can’t eat properly.”

Meintjies and Proudlock (2001) describe hunger as a serious barrier to learning and schooling, in that hunger results in exhaustion and diminished attention. Many of the participants depend on the school’s feeding system to sustain them and if possible school meals that are left over are taken to sustain a sibling or member of the family. School meals are without doubt a protective processes factor within the learner’s microsystem, the school (Bronfenbrenner, 1986). In this study it is encouraging that the school meal system is functioning well. Killian, Van der Riet, O’Neill, Hough, and Zondi (2008:404)

argue that “if a child’s sense of agency is eroded within their various microsystemic interactions, without relief being offered from any of the other systemic layers, then the impact of psychosocial risks would rise exponentially”.

Muthukrishna and Ramsuran (2006) in their study argue that poverty seems to be part of a web of human rights violation that children and their families experience.

Poverty leads to vulnerability and this is created and sustained by social and structural arrangements in a society such as South Africa. Muthukrishna and Ramsuran (2006) argue that “there is a need for significant affirmative, persistent, systematic action to change the conditions of poverty and exclusion in the lives of children and families and to ensure that they are able to access basic education”. They state that the question that needs to be engaged with is how the barriers presented by the wider socio-economic, cultural, political environment can be eradicated, minimised or their negative impact mitigated.

5.4 Experiencing HIV and AIDS in the Context of Schooling

One of the critical questions in the study was: To what extent is HIV/AIDS an exclusionary factor in the schooling experiences of primary school children?

Huber and Gould (2003) stated that while the Constitution of the Republic of South Africa, Act 1996, commits the government to protect children’s rights, the HIV/AIDS pandemic threatens the country’s capacity to realise these commitments. The stigma and discrimination associated with HIV/AIDS impact on all the bio-psychosocial systems in which children develop with many children directly experiencing HIV/AIDS related deaths and illnesses in their families (Shisana and Simbayi, 2000).

Most frequently associated with psychosocial risk variables are low self esteem and despair, hopelessness, anxiety, aggression, depression, behavioural, cognitive and emotional difficulties, inadequate communication and life skills, and poorly developed problem solving, decision-making and conflict resolution skills (Germann and Madorin, 2002; Hunter and Williamson, 2002; UNAIDS, 2002). In addition the stigma associated with HIV/AIDS brings shame, fear and rejection that exacerbate the anguish of children. All these risk factors in an HIV and AIDS context have the potential to threaten the emotional well being of children. For example, Hepburn (2000) found that siblings are

often divided among several households within an extended family to mitigate the economic burden of caring for the children. As the need for survival becomes paramount for these children, staying and/or doing well in school, fall further down on their priority list.

The context of silence and shame that surrounds HIV/AIDS infection in South Africa, the fear of stigma, discrimination and possibly violence, often leads HIV-infected and affected children to withdraw from school. Ebersohn and Eloff (2002) explain that illness and death of relatives, their own poor health, fear of shaming and teasing, demand on child labour and unaffordable school fees keep these children away. The trauma and stress on those who persevere with their schooling can impact negatively on their ability to learn and succeed. Low or non-existent income in affected families reduces access to nutritious food and quality health services (Giese, 2002; Ebersohn and Eloff, 2002). For children this may result in stunted growth, poor health and withdrawal from or failure in school (Hepburn, 2002). Thus the basic needs of the children, guaranteed by our Constitution and the numerous international human rights conventions South Africa has ratified, are denied.

In the present study the social risks associated with HIV and AIDS were explored through the lens of the children. Four key themes are discussed in the sub-sections below: emotional trauma and the pandemic; accessing help and support; assuming adult roles and responsibilities; risks and vulnerabilities.

5.4.1 Emotional trauma and the pandemic

In one of the participatory exercises in focus group two learners drew a picture of their lives as a journey to assist me to gain an understanding of how learners view their lives, what they consider as being significant in their lives, and how they have been affected by critical incidents in lives. The emotion of sadness was depicted in many of the pictures, and most significant were health related issues linked to the illness, death, loss and grief. A second activity which was a part of focus group three required learners to draw a sick person - the aim being to gather information about children's conceptions and experience of illness in a non-threatening way. They were told to tell a story about the

sick person; to include information about what the sickness was, the cause of the illness, the typical symptoms, the consequences of the illness, and the care of the ill person.

Many of the learners had experience of death, dying and sickness although there was no evidence of direct link to HIV/AIDS. There were learners who experienced multiple deaths. Many children mentioned illness and death amongst members of their close and extended families.

“This me and my granny and my granny die...no my brother was died...This when I was small and this when my grandfather died... My mother got sick and she went to hospital and my granny was sick she had stroke...my mother was sick...And my father had sores on the legs my grandmother died.”

“She passed away...She got knocked down badly...I am scared...I didn’t get to see my father...I was nine years old, she got knocked down badly...When my father die my father die. My mother was looking for us...Thinking about mother all day and my father die...Everything just fall apart and when she dead and it was stressful... This is me in 1998 my mother pass away and she was sick...my mother, when she died last of last year...Before we come here my father died, he was sick, one year.”

“I don’t know then my uncle died on TB...she had sugar diabetic in 2001 my mother died, my grandmother had TB...my mother is too sick...flu for three months...she had pain in her chest and coughing...my father got TB and he go to the doctor to get treatment and come back...father had TB” Yes I cry and this my mother and my stepfather and my stepmother was sick. From last year and she become thin and thin and sores in the mouth...My mother was sick until the 8 of March was in hospital ...My brother was sick and my mother was sick...This my father and he got shot...He is very sick and he has been coughing for a long time, she is taking treatment.”

Findings indicate that no steps were being taken at the level of the school to assist learners to cope with the emotional trauma and stress that result from illness, death, loss and grief. The Psychological services sector of the Department of Education in the province does not provide support to the school nor has there been any teacher training on bereavement and grief counselling. The following learner response depicts a learner's emotional status:

“Thinking about my mother all day and my father die...not knowing my father...yes I cry all the time because he was supportive...I got sick I was vomiting all the time and I was absent to school...I cry all the time and my mother had back operation in hospital... This is my brother and he sick in 2003. In November 27 he went to the hospital and he get better and come back home Chest problem and then my father died... He went to work when coming back to work the truck knock and he died on the spot and that affect me...Always thinking about my brother...My brother hit by the car.”

The study also revealed that learners lived with the fear of contracting HIV by coming into contact with the infected. Clearly the lack of knowledge and fear of the pandemic is demonstrated by the following in focus group three:

“I am afraid, because I know her if she gets injured I have to put on some gloves although it is not her choice to have HIV. But by playing with her I can get HIV...Nobody because nobody want to play with her...They don't play with her....”

“A virus...a disease, killing...bad thing...a dangerous thing...you can get thin and people will know...a dangerous disaster because you can't fight it...Kill the soldiers in the body...weak, sick, it can't fight disease...No education...No future...No confidence...lose family...family friend rejection... ...Laughing, teasing...Lose your job...people will gossip...sores...loneliness...useless...no will to live...nobody to care for you...no support, no love. ”

Learners also had experience of community silences around HIV/AIDS. They stated that members of the community had a special name for the virus.

“Nculazi... The three...Mbali. They like to... They are scared...They don’t want to hear the word.”

UNESCO (2000) and Van der Riet et al. (2006) also found that fear (the root of which seemed to be stigma in the community) was evident amongst learners in their studies. Children living in poverty, suffering from poor nutrition, limited psycho-socio stimulation or emotional and physical trauma impede their ability to learn or to have positive experiences in the learning process. They are less likely to be resilient and are more likely to give up or drop out.

Fear of losing the current caregiver emerged in the responses of two of the learners. These participants who are orphans were afraid of what might happen to them should the caregivers die. The fear of uncertainty and insecurity is reflected by the following response in focus group three:

“Ma’am I won’t have...When my granny dies everything is going to land on me. My aunty and my...they say I am going to do everything in this house. They say I am going to buy” “He thinks that maybe when he comes back from school that person will have passed away ma’am...Crying all the time...She will leave school...No fun.”

The fear of rejection if they contracted the virus was voiced by some participants. Learners feared discrimination and rejection by peers, friends and family. They even indicated that they would be very reluctant to disclose their status.

“He won’t tell his friends...They will laugh, they will tease...Bad...Pass letters to each other...Affect his confidence...He doesn’t want to share his computers...Nobody wants to eat with him...Children don’t want to play with

him...She is worried about the people...They will talk about his family...Bullying her...They don't want her in the class, Sad... Lonely...Writing in the toilet...They call you skinny Maluthi...She was scared to talk about it, they will laugh.”

Hepburn (2002) found the death of parents and other caregivers as a result of HIV/AIDS renders affected children vulnerable to emotional impacts. Hepburn (2002), Dorrington and Johnson (2002) and Badcock-Walters (2002) explain that children who endure loss and grief experience anxiety, depression and anger which is further exacerbated by the burden of caring for remaining siblings, as well as stigma and discrimination from family and community members, and teasing and exclusion by peers.

5.4.2 Accessing help and support

All participants are affected directly or indirectly by the pandemic and therefore suffer emotional trauma. I found that the participants have no knowledge or very limited knowledge as to how to deal with the issue of accessing help and support from the social welfare sector. All they could offer was physical help and care to the infected and affected.

“She is taking medication...Pills...I don't know...Tablets...Hospital to get medication...She told her that she mustn't eat orange, she must eat something like vegetable and sometimes she doesn't eat...Before she went to hospital she was lying sick at home...Need to go to the hospital...fruit and vegetable... They need water...Hospital look after him...He has tablets and has something to drink.”

Participants alluded to the fact that in many cases the infected and affected had no immediate family members to take care of them. Caregivers in the community, friends and neighbours offer their assistance as indicated by the following responses which came up in focus group four:

“My aunt need somebody to help them...I told her that and I give her support... Help and support and love...Mother give her food...My granny...His mother ask

grandmother...It mean that ma'am the person that got HIV she need support ma'am, support and love and counselling. You can give love, you can give healthy food but you can't do anything ma'am. Neighbours are helping...His uncle got sick and he is got a grant, yesterday he wanted money to eat."

The findings in this study suggest that learners experience the lack of knowledge or limited knowledge of support structures and services for people infected or affected by HIV/AIDS. They also were able to voice the feelings of powerlessness in the community in the face of the virus.

5.4.3 Assuming adult roles and responsibilities

The data from focus group three and four indicate that learners are aware that in many homes affected by HIV/AIDS children tend to take on adult roles such as completing household chores, and taking care of family members such as their younger siblings, and family members who are sick. In the projective activities, learners suggested that their affected peers lose concentration at school because they are thinking about and concerned about the sick person at home.

"If I am doing my homework then I must wash dishes... They say do this, do that and when you finish you can do your homework so...Tired...My mother...Give her tea...Take the toothbrush...Ma'am I have to give her some water to bath. I make her porridge. I do everything for her then I go to school...Because I am thinking of my mother...I think about my granny."

"Stay at home and look after his parents...He was looking after a sick person...She is looking after her brother at home who is sick...He may have to stay at home to look after his mother. She got HIV/AIDS...She is going to fail because she is not coming to school...She has to look after the mother...Give her a bath, make pap, clean the house, look after the children, cook, nurse her mother, give her medication...She has to clean the sores."

In assuming the role of caregiver which is time-consuming and exhausting children may arrive late to school. This emerged in both the projective exercises as well as in their personal capacity.

“Give her food, wash her sores and rub her...Take her to the toilet...Sometimes I am late...Ma’am I come late because I clean up and bath.”

The death of parents left certain learners in the study to assume the role of adults by taking over the responsibilities at home making these homes child-headed households. There is however, no evidence to suggest that these deaths were AIDS related. One respondent lives with her two siblings, all of them are at school. They fend for themselves - completing household chores and coping with schoolwork and homework by themselves. The uncle provided the food on a daily basis and also provided financial support. The children completed the household chores either before or after school resulting in absence from school or being late for school.

Participants raised the issue of orphaned. The older siblings have to care for the younger ones as reflected by the following responses:

“Cleaning the house, helping, cooking and he will be late for school so he will be tired...No energy he will chase the cows...She stays at home to cook and look after them.”

“Mother was ill and she died. She had cancer...No parent...They die...Look after his brother and sisters.”

With parents and other adults sick or dying, children carry the burden of caring for siblings and family members living with HIV/AIDS consequently reducing these children’s rights to education and social services and particularly those of poor, African girl children (Moletsane, 2003). With the decline in the number of economically active people, children, most of whom are orphans and/or live in child-headed households, are left to fend for themselves taking on unfamiliar adult roles for which they are ill-prepared

(Ebersohn and Eloff, 2002). Forced to perform chores in and around the house, or expected to seek employment to generate an income, Giese (2002) found that children are compelled to leave school. Under these circumstances, unable to access resources for their basic needs, Moletsane (2003) explains that education becomes either a nuisance or a luxury. Thus the possibility of successfully educating children becomes remote, and that of keeping them in school almost impossible. The result is high failure and retention rates, and eventually high dropout rates from schools.

As Moletsane (2003) mentions, one obvious impact of the illness and death of adults from AIDS-related causes may be the large numbers of children who grow up without adult attention, supervision or love (as orphans and/or in child-headed households), making them, vulnerable to abuse (physical, emotional and sexual) from extended family members and other members of their communities. With South Africa being a patriarchal society (Dorrington and Johnson, 2002), girls especially are vulnerable to sexual abuse (Kelly, 2002; Leach, 2002). Many may willingly get involved in relationships for economic and other reasons reflecting the link between sexual abuse and poverty and gender-based violence (Hepburn, 2002; Kelly, 2002; Leach, 2002). Girls may be forced into these kinds of relationships as a result of illness and/or death of economically active members of the family.

The loss of a breadwinner leads to a reduction in the family's earnings and the ability to care for and protect its children, who become prey to neglect and abuse, according to Ebersohn and Eloff (2002). With widespread sexual activity in conditions of intimidation, harassment and in some cases rape (Leach, 2002) and not always being able to negotiate safe sex (Kelly, 2002), children are exposed to possible HIV infection, the risk of falling pregnant or being infected with other sexually transmitted diseases. They may be further disadvantaged by becoming excluded from school or dropping out (Moletsane, 2003).

5.5 Conclusion

This micro-level research, using qualitative and participatory methods, offered valuable insights into learners' schooling lives in the context of HIV and AIDS. The study has revealed that children are active participants in and competent interpreters of

their world – in this case their lives and schooling in the context of HIV and AIDS as emphasised by theorists and researchers such as Danby (2002), Edwards (2002) and James and Prout (1990). James and Prout (1990) explained that children must be viewed and seen as actively involved in the construction of their own social lives, the lives of those around them and of the contexts in which they live

CHAPTER 6

IMPLICATIONS OF THE STUDY

“There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they can grow up in peace.”

Kofi Annan

In serving the best interests of children,
we serve the best interests of all humanity.

Carol Bellamy

The study presented in this dissertation sought to examine the following critical questions:

- What exclusionary factors impact the schooling experiences of the learners in the study?
- To what extent is HIV/AIDS an exclusionary factor in the schooling experiences of primary school children?

The findings of this study have important implications for debates on inclusion/exclusion in schooling contexts. As suggested by Coombe (2002: vii) the findings of this study clearly indicate that in this particular schooling context, it cannot be business as usual if the school is to meet the commitment of quality education for all (Dakar Framework of Action, 2000, paragraph 19). Schooling in the context of HIV and AIDS requires the school community to have an in-depth understanding of the nature of the pandemic and its impact on learner lives (Coombe, 2000a). It also requires responses that are creative and innovative to address the barriers to schooling experienced by learners in this study. A large number of children will need care and support in the years to come (Louw, Edwards and Orr: 2001). While the Constitution of the Republic South

Africa, Act 108 of 1996, underpins all legislations in terms of education from a human rights perspective, the government has failed in its undertaking to provide quality education and education support services to schools. Being an educator of thirty years and employed by the Department of Education, KwaZulu Natal, it is a known fact that cutbacks in education funding has resulted in a very limited number of psychologists being made available to offer their services at any given time.

Empowering practice begins by acknowledging that structural injustices (Campbell and Oliver, 1996; Moletsane 2003; Wormer, 2004) are barriers to quality education for learners in this study. Educators should be trained at grass roots level and posts should be created so that specialized pastoral care and counselling can be offered at schools. Social services need to be decentralized and more social workers deployed to meet the ever-increasing demand for support required by educators, learners and families. Together these service providers can help people gain or regain power in their lives and work towards social justice at a societal level (Gutierrez and Lewis, 1999). Anti-oppressive practice is about minimizing power differences in society and maximizing the rights to which all people are entitled (Dalymple and Burke, 1995; Dominelli, 2002). Such practices must focus on the eradication of power imbalances in our educational system (Badcock –Walters, 2002). The findings in the study suggest an urgent need to address exclusionary pressures within this particular schooling context that hinder access to quality education. As in the study described by Muthukrishna and Ramsuran (2006), this study provides evidence of a complex, at times contradictory, and intricate web of barriers to education that learners experience.

The South African Schools Act of November 1996 stresses the principle of education as a basic human right and stresses the principle of quality education for all learners. As mentioned by Muthukrishna (2002) it should be the vision of all schools to recognize the wide diversity of needs of learners and to strive to meet these needs. According to Hepburn (2002) schools are poorly prepared and inadequately resourced. Schools need to be resourced so that they can provide support and specialised programmes. Challenged by the pandemic, it is necessary to change educational planning and management principles, curriculum development goals and the way we do education if the quality and level of education provision are to be sustained at reasonable levels

(Coombe, 2002). There is the need to integrate HIV/AIDS education content in the school and in teacher education (professional development) curricula and to move from a narrow 'HIV education' curriculum campaign to a broader 'HIV and education' paradigm by mainstreaming HIV/AIDS into every aspect of education (Coombe, 2002; Kelly, 2002; Rugalema and Khanye, 2002). Teachers and schools need to prepare and be adequately resourced to address the special educational needs of the infected and affected. The education sector's principle areas of concern include helping prevent the spread of AIDS, providing care and social support for learners including orphans and other vulnerable children (Coombe, 2002: vii-viii) Mandated by the *South African Schools Act of 1996* and underpinned by the *Education White Paper 6 of 2001* it means adopting a more inclusive approach to education.

Increasing numbers of children are at risk of leaving school due to AIDS-related poverty (Hepburn, 2002; Giese, 2002; Dorrington and Johnson, 2002). Schools should adopt a cheaper model of schooling and agree to do away with compulsory school uniforms, school fees and books; the cost of which seems to be beyond reach for many of the families in rural and township schools. For HIV-infected and affected children, the burden of paying for education is therefore considerable (Badcock-Walters, 2002; Muthukrishna and Ramsuran, 2007; O'Neill, Hough, Killian and Van der Riet, 2008).

Schools, being the heart of educational change (Senge, 1990), need to change the way they operate (Moletsane, 2003). They need to look at alternatives to educating children who become ill or stop attending school in order to care for their families and seek creative ways of successfully engaging children and keeping them in school. Strategies need to be identified or developed to prevent absenteeism and dropout from school as a result of the pandemic. Schools need to look at alternatives that would allow learners to perform their familial responsibilities and still access educational programmes. These may include adopting models in which classes meet late in the afternoon after household chores are completed. As children assume more adult roles, they need to be taught skills, knowledge and values they can use in the context they find themselves in. These may include vocational skills, AIDS education, care and counselling.

As education is the only ‘social vaccine’ (Kelly, 2002) available against HIV infection a co-ordinated and integrated approach may involve guidance and counselling programmes for orphans and other vulnerable children and their families and gender awareness training by specialists concerned about violence against women and girls.

Access to quality formal education should not merely be a combatant strategy against HIV transmission but should enhance resiliency by empowering the learners to bounce back. Effective coping reinforces a sense of competence and agency. Thus the cared for children of today have a better chance of becoming the resilient adults of tomorrow.

The study makes a contribution to the field of childhood studies from a research methodology perspective. The study contributes to the expanding body of research in South Africa on young children’s construction of their own social lives, the lives of those around them and of the communities in which they live. This study from the outset viewed children as active participants in and competent interpreters of their world. There is a need for more research with this critical focus emanating from South Africa.

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Annexure A

RESEARCH PROJECT

LEARNER INTERVIEW SCHEDULE

1. Background information: Personal Particulars

Learner's code name: _____ Age: _____

Gender: Girl

Boy

School: _____ Grade: _____

2. Family Background

Who lives at home with the child? Tick where appropriate and indicate number of each.

Family	Yes	How many?	Which of these people live with you most of the time?	Who do you hardly see? (who do you not see very often?)
Mother				
Father				
Grandmother				
Grandfather				
Paternal aunt				
Paternal uncle				
Maternal aunt				
Maternal Uncle				
Sister				
Brother				
Cousin				
Stepfather				
Stepmother				
Foster mother				
Foster father				
Neighbour				
Other (specify)				

3. Household Membership, Age and Educational Level

3.1 How many people in total currently live in YOUR household? Circle the correct number.

- | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |

3.2 How many of these people are below the age of 2 years? _____

Who cares for them? _____

3.3 How many of these people are aged between 2 and 7 years? _____

Are they at home, school or day care? _____

3.4 How many of these people are aged between 8 and 12 years? _____

Are they at school? _____ In what grade? _____

3.5 How many of these people are aged between 13 and 20 years?

Are they at school? _____ In what grade? _____

3.6 How many of these people currently go to school in total? _____

4. Financial sources

4.1 How many people in your family have a full time job? _____

4.2 What do they do? _____

4.3 How many people in your family have a part time job? _____

4.4 What do they do? _____

4.5 How many people in your family have no job at all? _____

4.6 Is there any particular reason why they don't work? _____

4.7 Where (from whom) does the money come from to buy food and pay the accounts?

4.8 How does he/she get that money?

4.9 Who is responsible for buying the food and paying the bills? _____

4.10. Does any member of your own family get one of the following? Tick whichever ones apply to your family members.

	YES	NO
Foster care grant		
Child care grant		
Disability grant		
Money from relatives who work		
Income generating project –making or planting things to sell		
Salary – monthly		
Wages		
Hawker – buying and selling		
Pension		
Don't know		

5. Housing Issues: Tick in the appropriate column

		My house is a....
1	Shack – wood, iron and cardboard	
2	Single room attached to another person's dwelling	
3	Traditional mud and daub hut	
4	Brick building	
5	Both 3 and 4 above. (both mud/daub and brick)	
6	We do not have a home	

6. Household resources

Tick whichever you have in your own home.

		You have this in YOUR own house?		
1	A separate kitchen			
2	A separate bathroom			
3	An outside pit or bucket toilet			
4	An outside flush toilet			
5	An inside flush toilet			
6	No toilet			
7	Electricity			
8	Television			
9	Land Telephone			
10	Cell phone			
11	Running water ((tick one)	In your house	In your yard	Communal tap
12	Car			
13	Newspaper/ magazines/ reading material			

7. Health and Nutrition

7.1 How often do you visit the doctor or clinic? _____

7.2 What are some of the reasons for your visits? _____

7.3 When was your last visit to the doctor or clinic? _____

7.4 Why did you go to the doctor or clinic? _____

7.5 Are you currently taking any medication? Why, what for? _____

7.6 How are you feeling today? Describe your state of health. _____

7.7 What meals did you have yesterday? Breakfast/lunch/supper

7.8 What did you eat in those meals? _____

7.9 Did you bring food/lunch to school today? YES / NO

If not why didn't you bring lunch? _____

7.10 Did you bring money to buy food/ lunch to eat today? YES / NO

7.11 Who gave you that money? _____

7.12 In the past week, how often have you and your family gone without food to eat?
Tick one.

For one day	For two days	For three days	For four days	For more than four days	None
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7.13 In the past week did any of the following people give you food / lunch to eat? Tick appropriately.

Friends at school / classmates	
Friends in your community	
School feeding scheme	
Neighbours	
Other (Specify)	

8. What do you think are some of the problems that children in this community experience? Allow the child to give his/her own views and tick in the table below.

Not enough food / hunger / starvation	
Too many deaths/ grief	
Violence and physical abuse	
Plenty of criminals	
School problems	
Dagga & Other Drugs	
HIV/AIDS	
Alcohol	
Problems of sickness	
Child abuse & neglect	
Muti, Witchcraft – Black magic	
Fear	
Discrimination (race, gender, social status, religion, disability)	
Poverty	
Lack of adult supervision and support	
Other (specify)	
Have you experienced any of these problems? (Specify)	

9. School Affairs

9.1 Did you get exercise books at school this year?	YES	NO
9.2 If not who bought them for you?		
9.3 Did you get text books at school this year?	YES	NO
9.4 Did you have your OWN text books, or did you have to share?	OWN	SHARE

9.5 Did you get pens/pencils at school this year?	YES	NO
9.6 What else did you get from school this year?		
9.7 Is there a library in your school that the children use?	YES	NO
9.8 Does your school have computers, fax machine and telephone?	YES	NO
9.9 Does your school have a playground and sports fields?	YES	NO
9.10 Do you have desks and chairs in your classroom?	YES	NO
9.11 How many of you sit at your desk?		
9.12 How many learners are there in your class?		
9.13 Do you have an educator in your class?	YES	NO
9.14 Is your educator ever absent?	YES	NO
9.15 How often is she/he absent?		

10. School Attendance

10.1 Do you go to school regularly/most days?	YES	NO
10.2 When do you not go to school?		
10.3 What are some of the reasons for not going to school?		
10.4 How many times were you absent for this year?		
10.5 Last term how many times were you absent from school?		
10.6 What were the main reasons for your absence from school?		
10.7 Do you bring a letter/note to explain your absence and who writes the letter/note?		

10.8 Are you sometimes or always late for school?	SOMETIMES	ALWAYS
10.9 What are some of the reasons for being late?		

11. School Fees

11.1 How much are your school fees?		Don't know
11.2 Can you pay school fees?	YES	NO
11.3 If not, why?		
11.4 Who pays your school fees?		
11.5 Do you have a balance owing from previous years?		
11.6 Have you paid school fees for this year?	YES	NO
11.7 If not why?		
11.8 Does the school taken any action against learners for outstanding school fees?	YES	NO
11.9 How have you been affected?		

12. What do you like about your school?

Thank you for participating in this interview with me and for sharing information. I will see you again soon.

Annexure B

FOCUS GROUP INTERVIEW 1

Aim: to establish trust and rapport with the learners
to focus on the child in school,
to focus on the impact of intersecting barriers to schooling on learners

Sample: Random sample of Grade 6 learners – 5 girls, 5 boys

Logistics:

Arrange venue: Consider venue in terms of:

Noise: preferably limit exterior noise and distractions. Use a mat/blanket to limit extra sound on recording, etc.

Seating: Seat all in a circle. Facilitator to sit on the same level as children. Encourage learners to mix with each other, sit next to someone they don't know, avoid sitting in friendship clusters.

Introduction and Icebreaker: Ball game to introduce yourself:

Facilitator introduces herself. Ensure its not hierarchical but that it can still feel appropriate for the learners, eg “Auntie Sandy”

Ask each person to choose a code name for him/herself and the reason for choosing the name. Give an example. E.g. “My name is Nompilo and my code name is Pinkie because my favourite colour is pink”. To encourage communication and make it more interesting ask learners to choose an adjective using the first letter of the code name to describe themselves, eg Pretty Pinkie. At this point you can also explain that the code name will be their research name and that any information they speak about will be recorded under their code name so no one else will know who said it. Name tags are made for each learner.

A learner will say his/her code name and then call another person by their code name and throw the ball to that person. That person then says his/her code name and calls another person, and so on. Encourage everyone in the circle to participate. It is important that the facilitator also joins in and try to include those that are not being included as much. Once they have gone around a few times, introduce the second game.

River and Bank

Facilitator and learners stand in an oval – shaped ring. The river is in the centre. Facilitator explains the commands and the actions. At the command “River” everybody jumps forward towards the centre, into the river. At the command “Bank” everybody jumps backwards back onto the bank. Learners are out if their action did not correspond with the command. Allow learners to enjoy the activity. By this time everybody should be comfortable with each other.

Group Rules

Facilitator and learners discuss and decide on group rules together. Facilitator may ask the group, “What things will help this group to talk freely and openly and to make this a safe space to share?” Get learners to share their ideas. Try to see that in some way the following points are covered:

- One person to speak at a time
- To listen to each other and to respect each other. There are no right or wrong answers – we only want to know what you think
- Do not laugh at what someone else says
- Everyone must have a turn, participation is important
- What we say is confidential – that means that we show respect to each other, we do not tell other people about what someone says, what we say stays in this room. We promise to keep the information confidential
- Punctuality is important
- Also encourage learners to talk about it in the group if anything upsets them, (as probably it is worrying others too) or to come and see you afterwards.
- Learners to sign confidentiality pledge.

TOPIC 1: MOTIVATION AND ATTITUDE TOWARDS SCHOOL

Purpose: to find out the learners' attitude towards their school and identify factors that keeps them out of school.

1. You are all at school. Why do you come to school? (Prompt to generate discussion to elicit different views from the participants).
2. What do you like / enjoy about school that makes you happy to be at school? What else do you like about school? (Encourage discussion).
3. What don't you like / enjoy about school? What makes you sad about school?
4. Would you like to make any changes about school?
5. Given the opportunity what would you like to change about your school?
6. Why would you make those changes? How would the change affect you?
7. If you had a choice would you rather attend or not attend school? Explain the reason for your answer.

TOPIC 2: PERFORMANCE AT SCHOOL

Purpose: to identify factors that affect learners' performance.

1. What makes the work you do at school easy /nice/ fun so that you enjoy learning?
2. What makes the work you do at school difficult thus making learning difficult?
3. Facilitator writes difficulties on cardboard/ pieces of paper, and displays them on the floor. With the beans show me which ones you have felt/experienced. Each learner gets 2 beans to place on the different issues they have identified.
4. Please explain when you experienced these difficulties and why? (tell me a story about when you experienced those difficulties).
5. Facilitator records the different difficulties and the number of beans placed on each issue that was identified.
6. Discussion and Diamond Ranking exercise regarding the difficulties. "These are all the things you find difficult. I want to put them into a diamond shape. Things that make learning most difficult should be at the top and the things that make learning difficult but are not as bad at the bottom. Which one do you think makes learning the most difficult? Complete diamond ranking exercise and record.
7. Do you get homework?
8. Do you cope on your own or does anyone help you with homework? Who helps you?

9. Is it difficult to have time to do your homework? Why?
10. Where do you do your homework?
11. Do you get reading homework?
12. Do you enjoy or not enjoy reading? Why?
13. Does someone read with you? Who reads with you?
14. Do you have your own / any reading material at home?

SOCIAL INTERACTION AND PARTICIPATION IN CLASS

Line exercise:

Purpose: To get an indication of factors that encourage or hinder class participation and freedom of expression within the learning situation.

Your teacher gives you a topic you like to discuss/ talk about in class. I want you to stand in a line to show how much you feel comfortable to talk in class. If you talk a lot stand at the back end. If you are likely not to talk stand at front end. Arrange yourself in order of who is most likely to talk and who is least likely to talk.”

Learners move into a line.

“Look to the person on your left hand side and tell him/her why you do or do not talk.

Discussion and feedback whilst still in the line: “Why do some people talk in class?”

“Why do some people not talk in class?”

Get learners to get into a group again. If necessary, discuss this question more:

Group question: People talk in class because....

People don't talk in class because....

TOPIC 3: DISCRIMINATION (INCLUSION AND EXCLUSION ISSUES)

Purpose: to gain insight and an understanding of factors that make some children popular, and to discern what factors children use to stigmatise or discriminate against some children

1. Learners are shown a photograph. This is Vusi. He is well known and well liked by his peers. What are some of the reasons for his popularity? Encourage discussion to elicit reasons.
2. Learners are shown a second photograph. This is Douglas. He is not well liked by his peers. What are some of the reasons for this? Encourage discussion to elicit reasons.

TOPIC 4: ATTENDANCE

Purpose: to identify and gain an understanding of the factors that prevent children from attending school for long periods of time or for short periods of time, and those factors that make education readily accessible for some children.

1. Show learners a picture of a boy. This is Sipho. He didn't go to school. Tell me a story about why he didn't come to school. (Probe for more reasons.) Could there possibly be other reasons for him not coming to school? (Discuss to elicit a list of possible reasons)
2. What happened to him when he didn't come to school?
3. What did he do during the time that he was not at school?
4. What did his family do about him not going to school?
5. What did the teachers or school do about him not going to school?
6. Show learners a picture of a girl. This is Thandi. She didn't go to school. Tell me a story about why she didn't come to school. (Probe for more reasons) Could there possibly be other reasons for her not coming to school? (Discuss to elicit a list of possible reasons)
7. What happened to her when she didn't come to school?
8. What did she do during the time that she was not at school?
9. What did her family do about her not going to school?
10. What did the teachers or school do about her not going to school?

11. Are there learners at this school who do not come to school for long or short periods of time?

12. Why do they not come? What are some of the possible reasons for them not attending school?

13. Have you ever not been to school? For what period of time? Why did you not go to school?

14. When do you usually come to school each day? Why? Are you sometimes late, always late, punctual, early at school? (to ascertain difficulties of arriving at school on time.

CLOSING THE GROUP

Evaluation: We are at the end of our group discussion today. Stand tall, close your eyes, reach for the stars, breathing in and out deeply (4 times) and relax. Think about today. Tell us what you liked about today, anything you learnt, or benefited from? Were there any things that were difficult, anything that you didn't like?

Thank learners for their participation and co-operation and for sharing their thoughts. Remind learners about next session/meeting. Collect name tags and confidentiality pledges to use again next time.

Provide juice and biscuits.

FOCUS GROUP INTERVIEW 2

Aim: to deal with the child as SELF, as a person

Sample: Random selection of grade 6 learners: 5 girls, 5 boys

Opening:

- Welcome back to this group
- Ask the group what they remember about the 'Group Rules' agreed upon by all.
- Hand out their confidentiality pledges. Ask them whether they remember what the 'Confidentiality pledge' was about. Discuss briefly.

Icebreaker: Identifying with each other and Greeting game

Learners write their names and their favourite food on a piece of paper. Identify two others in the group who have the same favourite food as you. The first one to come up with two names on their list is the winner.

Greet each other: elbow to elbow, back to back, foot to foot, very softly, as if you are a bit sad, or as if you are happy, as if you are very excited. Then calm them by saying: you are now feeling very calm.

TOPIC 1: JOURNEY OF LIFE

Purpose: to gain an understanding of how learners look at their lives; what they consider as being significant in their lives and how they have been affected by incidents in their lives

Learners receive paper and pens. Ask each learner to find their own space in the room.

Learners write their code name and grade at the top right corner of the paper.

Think about a road. It goes up and down hills, it is sometimes bumpy, it sometimes has rocks in it, it sometimes winds. Sometimes it has holes in it.

Think of your life as a journey on this road, from when you were born, to now.

Try to draw it.

Show the important and significant things that have happened in your life. Show the good things and the difficult things. Perhaps the difficult things are rocks in the road. You can draw pictures of things on the road, or on the side of the road.

There is no one correct way of doing this, feel free to draw how you want to.

Time: give them about 10 minutes

After drawing: tell the rest of the group about the things on your road, and how you felt about them.

Collect the pictures; ask them if they would like to get them back in the next session or leave them with you.

TOPIC 2: LIKES AND DISLIKES OF LEARNERS

Purpose: to identify through discussions the likes and dislikes of learners and their attitude to life.

1. What do you like about your life?
2. Tell me anything positive / significant about it.
3. What would you change?

4. What do you like about your family?
5. Tell me anything positive / significant about your family.
6. What would you change?

7. What has been the greatest change in your family in the last 5 years?
8. What stands out to you as being most significant?

9. What do you like about yourself?
10. Tell me anything positive / significant about yourself.
11. What would you like to change?

BREAK: Serve refreshments

TOPIC 3: CONCERNS AND STRENGTHS (Bean exercise)

Purpose: to gain insight and an understanding of the health and emotional state of learners.

1. What are the things that bother/worry/trouble/concern you?

Facilitator writes concerns on pieces of paper and spreads them all out on the floor for all to see. Read them out so that each learner knows what they said.

2. Give learners two beans each. Say: “These are all the things that worry you.”

Perhaps someone (another learner) mentioned something that also worries you. Put your beans on TWO of the things that have ALSO worried you (that you agree with).

3. Record the number of beans placed on each worry (record on the sheet of paper).

4. What are the things and who are the people that make you feel strong, and free from the worries?

Facilitator writes these on pieces of paper and spreads them all out on the floor for all to see. Read them out so that each learner knows what they said.

5. Say: “These are all the things and people that make you feel strong.” Give learners two beans each.

Perhaps someone (another learner) mentioned something that also makes you feel strong. Put your beans on TWO of the things that ALSO make you feel strong (that you agree with).

6. Record the number of beans placed on each strength (record on the sheet of paper)

TOPIC 4: Resilience factors

Purpose: to identify factors that make these children resilient)

1. Give each learner a piece of paper with the phrases on them. Facilitator to prepare material beforehand.

2. Ask each learner to put their code name and grade on the top right hand corner.

3. Tell the learner to write down their responses to these statements. Give them the following examples:

I am (friendly, good at.....)

I have (a loving grandmother;

I can (sing/ tie my shoelaces ;.....)

When they have finished, ask them to choose ONE to tell the group about.

CLOSING

Ask the learners to close their eyes and think about the things that they enjoyed about the group today.

Tell the group about one of these.

Encourage those who didn't say anything last week to share. Encourage all participants to get actively involved.

Go around the group and ask the learners: Think about your dreams and aspirations and tell us what you want to be when you grow up?

Collect name tags and confidentiality pledges for next session.

Thank you for your participation and co-operation today.

I will see you at the next group meeting.

FOCUS GROUP INTERVIEW 3

Aim: to focus on sickness and health related issues and support systems

Sample: Random selection of grade 6 learners: 5 girls, 5 boys

Opening:

Welcome everyone back to the group. Give them name tags and confidentiality pledges.

Icebreaker: Miming Animals

MATERIALS: Fold pieces of paper with names of animals written on them. Make three pieces of paper for each animal. Put pieces of paper into little container/box.

Dog Cow Cat Goat

Learners take one of these pieces of paper and mime the noise and movements of the animal that they have on their piece of paper. .

They watch each other. Without talking, they identify the other learners that they think have the same animal as themselves. .

Each animal to form a group.

Get the learners back into one group. Remind them and recap (learners to contribute) on Group Rules and the Confidentiality Pledge.

TOPIC 1: BODY MAPPING: WHAT IS SICKNESS?

Purpose: to determine the learners' knowledge of and awareness of HIV/AIDS and support systems that are in place.

Learners each receive a piece of A4 paper, and crayons. Learners write their code names on the top right hand corner and find their own space in the room to draw.

Ask the learners to draw a picture of someone who is sick.

Give them about 5-10 minutes to draw.

Get them back into a group. Ask them to talk about their drawings, to tell a story, one by one. You can prompt with the following questions:

- Tell us about your drawing.
- Who is this person?
- What sickness have they got?
- What happens to them with this sickness?
- How/where did they get this sickness?
- What does this person do when they are sick (do they go to someone for help? Do they stay at home? Does someone look after them?)
- Do they take medication?
- How do they feel when they take medication?
- For how long have they been ill?
- Are they getting strong or are they getting weaker?
- What kind of people were they before they took ill? (Describe physical health, work, level of activity, appetite)

Take in the pictures and thank each learner for the picture. They will be returned in the next session.

TOPIC 2: HIV/AIDS

Purpose: to gain an understanding of the learners' awareness of the pandemic and how learners' lives are affected by HIV/AIDS

Group discussion

- Does HIV/AIDS sound familiar to you?
- What meaning does it have for you?
- What is HIV/AIDS?
- What do people here in Havenside /Chatsworth/Umlazi / Lamontville call HIV/AIDS? Is there another name for it?

- Why do you think that they use these words?
- How did you get to hear about HIV/AIDS?
- What thoughts and feelings come to mind when you hear the words or hear about HIV/AIDS?

1. Give each learner a piece of paper and a pencil.
2. Ask them: Write on this piece of paper what you fear the most about HIV/AIDS.
3. Take them from the learners, and hand them out again – so each gets someone else’s.
4. Read out to the group what you have on the piece of paper you have been given.
5. Discussion of these fears – if the group wants to say something about these fears e.g. yes, I also have that; lots of people have that fear.
6. What happens when a person has HIV/AIDS? (there are different dimensions of this e.g. what happens to them physically; emotionally, psychologically, mentally, how do people respond to them).

Materials: use the pictures (from last session SIPHO and THANDI)

- Show them the picture of Siphho.
- Someone in Siphho’s family has HIV/AIDS.
- Does this affect his learning / schooling?
- How, in what ways is he being affected?

- Show them the picture of THANDI.
- Someone in Thandi’s family has HIV/AIDS.
- Does this affect her learning / schooling?
- How, in what ways is she being affected?

- If YOU had HIV/AIDS, would you tell people, would you want everybody to know?
- Why/why not?
- How do people treat or behave towards persons with HIV/AIDS?

- What do they say about them?
- Why does this happen?
- What do they do to them?
- Why?
- What do they do to their family members?
- Why?
- Is this fair? Is it the right thing to do?
- Why/why not?
- How do you think they feel about the way they're treated? What emotions are they likely to experience?
- You can do a test to see if you have HIV. Would you go for this test? Why/why not? What are your fears?
- Do you know how the test is done?

BREAK: Serve refreshments

TOPIC 3: HIV/AIDS IN YOUR AREA

Purpose: to gain an understanding of the learners' concerns and perception of HIV/AIDS

We have been talking about HIV/AIDS, and now we want to find out about HIV/AIDS in your area: Havenside , Chatsworth, Lamontville, Umlazi.

Facilitator writes HIV/AIDS in bold and places it on the floor for all to see.

Learners to get into 2 groups. Facilitator makes available strips of paper. Learners write down all the words / thoughts / feelings / fears associated with HIV/AIDS and place them around the word HIV/AIDS. Learners are given 2 beans each to place on 2 concerns that bother them the most. Facilitator records the number of beans placed on each concern.

Facilitator to lead group discussion (probe to encourage discussion and elicit views and perceptions).

1. Do you think there are HIV/AIDS infected people here in Havenside, Chatsworth, Lamontville, Umlazi, in your area?
2. Why do you say this? What makes you think there are infected people here?
3. What have you seen that makes you think this?

Spokesperson to report back to the group

Group discussion:

4. Do you think there are HIV/AIDS infected people here in your school?
5. Why do you say this? What makes you think there are infected people here?
6. What have you seen that makes you think this?

Spokesperson to report back to the group.

- Give out pieces of paper and pencils to each learner.
- Please answer this question, by writing on the piece of paper:
- If someone in your family has HIV/AIDS, where can you go to for help and get support? Who can you go to for help?
- If you don't know, then say 'don't know'. Collect responses from learners.

CLOSING:

What do you feel about the discussions we have had today?

(Encourage learners to respond)

Now close your eyes, breathe in deeply to the count of four and then breathe out. Repeat exercise 4 times. Think about yourself 6 years from now. What year would it be? How old will you be? Most importantly where you will be? How do you see yourself?

Group to share their ideas.

Thank you for your participation and co-operation for today.

I will see you again for the last session.

FOCUS GROUP INTERVIEW 4

Aim: to focus specifically on HIV/AIDS, learners' knowledge and awareness of the pandemic and support systems;
to focus on learners' personal experiences; and to close process of 4 focus groups.

Sample: Random selection of grade 6 learners: 5 girls, 5 boys

Opening:

Welcome everyone back to the group. Give them name tags and confidentiality pledges.

Icebreaker: Make 5 shapes out of cardboard – square, rectangle, circle, triangle, heart. Cut each shape into halves. Put into a container / box. (Material to be prepared). Each learner picks a shape, finds the matching partner, pastes them together and presents the shape. First pair to present the shape is the winner.

TOPIC 1: KNOWLEDGE OF HIV/AIDS

Purpose: to determine the learners' knowledge and awareness of HIV/AIDS

Ask learners to get into 2 groups. Learners to discuss the following statements in their groups and decide whether they are TRUE or FALSE. Each group to elect a spokesperson to report back. Remind learners to respect each others views and opinions.

GROUP 1

TRUE	FALSE
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1. HIV stands for Human Immunodeficiency Virus		
2. HIV leads to AIDS which destroys the body's defence mechanism		
3. Only African people can get AIDS		
4. A pregnant woman can pass HIV on to her unborn child		
5. There is a cure for HIV/AIDS		
6. You can have an HIV test for free		
7. The nurses can tell anyone about your results		
8. Antiretrovirals slow the progression of AIDS		
9. Using a condom can prevent infection.		
10. Someone who looks healthy cannot have HIV/AIDS		

GROUP 2

	TRUE	FALSE
1. AIDS stands for Acquired Immune Deficiency Syndrome		
2. You can get AIDS by sharing the same living space as someone who has HIV/AIDS?		
3. A person can be infected with HIV and not know that he/she is infected		
4. Only girls / women get AIDS		
5. A person can get HIV/AIDS by donating blood		
6. You can get infected by sharing needles		
7. A mother can infect her baby through breastfeeding		
8. Most women become infected with HIV as a result of rape		
9. A man who has sex with a virgin can cure himself of AIDS		
10. Africa is the country with the highest infection rate		

TOPIC 2: SUPPORT SYSTEMS

**Purpose: to understand how children's lives are affected by HIV/AIDS
to determine the support systems in place for the affected**

Use the pictures from session 1. Show learners the picture of the girl.

This is Thandi. She has no father. He died recently. Her mother has HIV/AIDS and is very sick. She cannot care for the family any more. Thandi has two younger siblings that are at home. It was not possible for her to be at school for two weeks. What are some of the reasons for Thandi not attending school? Probe for other reasons- learners to tell a story.

1. Why was it not possible for Thandi to go to school?
2. What was she doing at home?
3. How does this affect her schooling/learning?
4. Why is it important for her to be at school?

Introduce the Children's Bill of Rights

All children have the right to learn and to education

All children have the right to basic protection and care.

5. Where and how can Thandi get help?
6. How could we the learners, the teachers and the school help Thandi to achieve these rights so that she could be at school?
7. Have you found yourself in a similar situation or do you know of someone who is?
Tell us about it.

TOPIC 3: COPING WITH DEATH

Purpose: to determine the extent to which HIV/AIDS related deaths affect children

Ask learners to imagine that Thandi's mother passes away. Learners are asked to draw a picture to depict what they think would happen. Learners then describe their pictures and talk about them by telling a story. Probe to elicit details.

1. Where and how does Thandi get help now that her mother has died?
 2. How could we the learners, the teachers and the school help Thandi now?
 3. How can the community help?
 4. Have you found yourself in a similar situation or do you know of someone who is?
 5. Tell us your story. How did you/he/she cope? What help did you/he/she receive?
- Learners relate their experiences.

TOPIC 4: BODY MAP DRAWING:

Purpose: to gain insight into the learners' feelings about the pandemic and understand their experiences with regards to HIV/AIDS

Learners work in pairs. Ask one person to lie on a piece of paper, the other person draws around their body to get an outline of that person on the paper. Then swap around. Now each person has an outline of himself or herself. Fill in the outline of the drawing of yourself, which show in your body how you feel about HIV, and your experiences and feelings about HIV. You can draw things realistically or symbolically eg. A smiling face to show you are happy, a big heart to show you are filled with love and care, a broken heart to show pain and despair.

CLOSING:

Timeline of the group sessions:

Paste 2 sheets of A1 paper/newsprint together lengthwise.

Ask the group to discuss what they have done over the last four sessions. Get the group to draw a group timeline of the things we have done together/ discussed/shared thought about. They can draw – pictures and illustrations / write / use symbols to show the topics. Thank them for their contribution, reflecting on what they have said and shown. “How did you feel when you had to talk about these things you have shown?” “Do you have any questions about the work we have done together?”

POSITIVE ENERGY AND POWER CIRCLE:

Ask each person to think of a good quality that they have something positive about themselves.

“Tell us your name and one good thing about yourself, e.g. My name is Bheki and.... (I am compassionate/kind/caring/helpful/friendly/smile a lot/ play soccer well...)”

Finally get everyone including you, to stand in a circle. Hold hands. Say, “As a group we have worked hard together, to show our connection to each other we are going to send energy around the circle, from right to left. I am going to squeeze the hand of the person next to me. When she feels her hand squeezed by me, she then passes the squeeze onto the next person, and so on...”

Thank the group for their participation.

Annexure C

7 Fleetside Road
Silverglen
Chatsworth
4092
10 October 2005

The Principal
Coedmore Primary School

Research Programme at Coedmore Primary School

The Schools of Education and Psychology at the University of KwaZulu Natal are conducting research into the factors that may assist or create difficulties for children in terms of their education. We believe that there may be various ways in which children's learning may be affected. We want to try to understand these factors so that we can provide the government and others with information to assist with policy development and intervention. We hope that the information that we obtain during the course of this research will help to lessen the difficulties that some children experience in accessing education and progressing with their schoolwork.

I have selected Coedmore Primary as the site where my research will be conducted. Since I do not have the time to speak to everyone involved, I will have to randomly select just a few grade 6 learners from the school to participate in this research programme.

I want the learners to take part in an individual interview with me, and in three or four group discussions about the factors that affect children's school progress. The individual interviews will last about twenty to thirty minutes and the group discussions will be about one and half hours to two hours each. These will take place during normal school hours, and I will ensure that this process does not negatively affect the child's schooling. I would like to do all of these activities between mid October and November 2005.

All information will be kept confidential. Any articles that are published from this research will ensure that the anonymity of the community, school and individuals is maintained by not using any identifying information. It is unlikely that the children will find the discussions distressing in any manner. However, if they feel a need to deal in more detail with any stressful situations, I will ensure that they are put in touch with the appropriate service agency.

I am asking for your permission to conduct my research at your school. Thank your for your time and consideration

Yours sincerely

Name of Researcher: Vanasoundri Nadesan

Tel Number: 0837939957

Annexure D

Mzali

UHLELO LOCWANINGO E COEDMORE PRIMARY SCHOOL

Isikole semfundo yokusebenza kwenqondo eNyuvesi YakwaZulu Natal Yenza ucwaningo lwezinto noma izimo ezingasiza noma zixazulule izinkinga zabafundi. Siyakholelwa ukuthi kunezindlela ezahlukenene ezingaguqula izimo zokufunda kwabantwana.

Siyazama ukwamukela lezindlela ukuze sisiwe uhulumeni nabanye (izinhlango) ngolwazi nokuthuthukiswa komthetho nangezindlela zokumgenelela. Siyathemba ukuthi ulwazi esingaluthola ngalolucwaningo luyokwehwa ubunzima abanye abafundi abakutholayo.

Ngikhethe Coedmore Primary njengendawo engizoqhuba kuyo ucwaningo. Ngengoba ngingakabinaso isikhathi sokukhuluma nanoma ubani othintekayo. Ngikhethe ngokungahlelekile abafundi abambalwa bebanga lesine balesisikole ukuba babambe iqhaza kulolu cwaningo.

Ngifuna abafundi bathathe indawo kulenkulumiswano nami futhi amaqembu amathathu noma amane angaxoxisana ngalezozinto ezingasiza ukuletha impumelelo kubafundi. Ingxoxiswano yoyedwa ingatha isikhathi esingamashumi amabiu noma amathathu emizuzu futhi amaqembu axoxisanayo kungaba ihora nenqenye kuya kumahora amabili kuphela. Lolu cwaningo luzothatha isikhathi ngesikhathi sesikole futhi sizoziniseka ukuthi loluhlelo aluphazamisi ukufunda komtwana wakho.

Lonke ulwazi esilutholile luyogcinwa luyimfihlo. Noma sisiphi isihloko esingashicilelwa kulolucwaningo kuyozinisekwa ukuthi aluyokwaziswa kumphakathi nasesikoleni loyo nalowo oyosinika ulwazi ayikho imininingwane eyodalulwa ngaye.

Ngekei kufane nokuthi umtwana wakho isezozithola ezingxoxweni ezizomphazamisa noma yingaluphi uhlobo. Noma ngabe kunjalo uma uzwa udinga ukuthi kuthathwe izinqumo ezinzulu mayelana nesimo sokuphazamiseka. Ngiyathembisa ukuthi uyokwazi ukuxhumana ngendlela nabantu abangamsiza. Uma umtwana wakho enikeziwe ithuba lokuthi azibandkanye nalolucwaningo. Ngicela imvumo yakho ukuba uthatha indawo unalo mqondo, ngilela ukuba unginike imvumo ngomtwana wakho ukuba azibandkanye ngokuba usayine ubuyise ifomu esikoleni ngokushesha. Ngiyaphinda ngicela umtwana wakho yedwa uma ethanda kodwa ngidinga imvumo yakhokuqala.

Ozithobayo

Igami Lomcwaningi:

Umakhala Ekhukhwini:

Mina (Bhala amagama akho agcwele)

Khetha ibokisi elilodwa

Uyavuma

Awuvumi

Igama lomtwana.....Ibanga.....

Isikole.....

Ngiyakuzwa konke okubhalwe encwadini futhi ngiyavuma ukuzibandakanya naloluhlelo locwaningo.

Sayina:

Usuku:

Ngiyabonga Ngesikhathi Sakho

Dear Parent/Guardian

Research Programme at Coedmore Primary School

The Schools of Education and Psychology at the University of KwaZulu Natal are conducting research into the factors that may assist or create difficulties for children in terms of their education. We believe that there may be various ways in which children's learning may be affected. We want to try to understand these factors so that we can provide the government and others with information to assist with policy development and intervention. We hope that the information that we obtain during the course of this research will help to lessen the difficulties that some children experience in accessing education and progressing with their schoolwork.

I have selected Coedmore Primary as the site where my research will be conducted. Since I do not have the time to speak to everyone involved, I have had to randomly select just a few grade 6 learners from the school to participate in this research programme.

I want the learners to take part in an individual interview with me, and in three or four group discussions about the factors that affect children's school progress. The individual interviews will last about twenty to thirty minutes and the group discussions will be about one and half hours each. These will take place during normal school hours, and I will ensure that this process does not negatively affect your child's schooling. I would like to do all of these activities between mid October and November 2005.

All information will be kept confidential. Any articles that are published from this research will ensure that the anonymity of the community, school and individuals is maintained by not using any identifying information. It is unlikely that your child will find the discussions distressing in any manner. However, if they feel a need to deal in more detail with any stressful situations, I will ensure that they are put in touch with the appropriate service agency.

By chance your child has been selected to participate in the research. I am asking for your permission for him / her to take part. With this in mind, I ask that you give me permission for your child to participate by signing and returning the attached form to the school as soon as possible. I will also be asking your child individually if he / she would be willing, but obviously need your permission as a first step.

Yours sincerely

Name of Researcher: Vanasoundri Nadesan

Tel Number: 0837939957

I, (Please write in your full name)

Agree

Disagree

Child's name.....Grade.....

School.....

I understand all the issues in the letter, and agree to participate in the research process.

Signature:

Date:

THANK YOU FOR YOUR TIME AND CONSIDERATION

I, (Please write in your full name)

Agree

Disagree

Child's name.....Grade.....

School.....

I understand all the issues in the letter, and agree to participate in the research process.

Signature:

Date:

THANK YOU FOR YOUR TIME AND CONSIDERATION

Annexure E

Date _____

Dear Learner

I am conducting research as part of my studies at the University of KwaZulu Natal, and I want to find out about the difficulties learners have in their education. We want to find out about these problems because it can help us and the government to make plans to address these problems.

We are working in the Richmond area, in 9 different schools, with Grade 3, 6 and 9 learners. Your school is one of the schools which we have chosen to work in. We cannot work with all the learners, so we chose a few names from the class list, and you were one of the chosen learners. We would like to tell you about the research, so that you can decide whether you want to participate in it or not.

We want to focus on why you go to school, what you like about it and what is difficult, what might be some of the problems you have in attending school, and problems you know that other learners have. We would like to find these things out by talking to you on your own (in a short interview, 20 minutes), and then also to meet with you and a group of learners. These groups are called focus groups. We would like to have four meetings with you in this group. Each of these meetings will take about 1 and a half hours. We will discuss with you what would be the best time to have these meetings.

In the interview, we will ask you about your family, where you live, your school, and some of the problems you might have there. In the groups we will ask you about why you attend school, why some learners don't attend school, what you enjoy about it, what you don't like about school. We will also ask you about how you participate in class and what makes this easy or hard. In the groups we will also play games and do some drawings. In the groups we will also ask about what you know about sickness, and illnesses like HIV/AIDS.

It is very important for you to know that what you say in the interviews and the focus groups will be kept confidential. This means that if you tell us something, no one else will know what it is that you tell us. We will not tell your parents or your teachers, that it is you who has said something. In fact, in the groups, we will play a game where you give yourself another name. If there are things which people talk about in the groups which you find upsetting, we will talk about these things.

It is also important to know that when you hear things in these groups, you must not go and tell other people who were not part of the group. This means that you are keeping the group discussion confidential, and this helps all the learners in the group.

We want to make sure that we record exactly what you say, so we would like to use tape recorders and a video camera in the group discussions. These will be kept very safe and will not be shown to anyone outside of the research team.

If you agree to be in this process, you may also withdraw at any time if you don't want to be part of it any more.

If you have understood all of these things, and if you want to be part of this research project, then please read the next sheet.

Yours sincerely,

Name of Researcher: V. Nadesan

Tel Number: 0837939957

I, (Please write in your full name)

- Agree
- Disagree

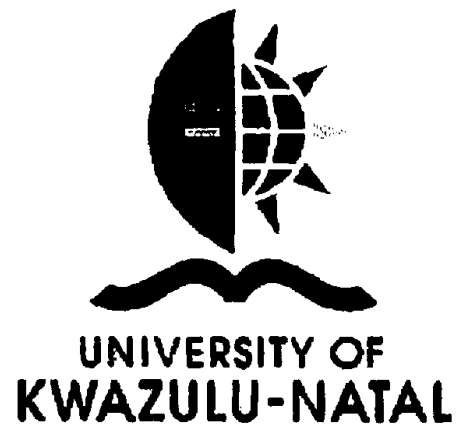
I am in Grade _____ at _____ School.

Understand all the issue in the letter and agree to participate in the research process

Signature:

Date:

Annexure F



RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 - 2603587
EMAIL : ximbap@ukzn.ac.za

11 APRIL 2006

MRS. V NADASEN (202001059)
EDUCATION

Dear Mrs. Nadasen

ETHICAL CLEARANCE APPROVAL NUMBER: HSS/06105A

I wish to confirm that ethical clearance has been granted for the following project:

"Investigating the Intersecting Influences of Barriers to schooling in a Suburban Context: A case study of Grade 6 Learners in a Primary School in the Chatsworth District"

Yours faithfully


.....
MS. PHUMELELE XIMBA
RESEARCH OFFICE

PS: The following general condition is applicable to all projects that have been granted ethical clearance:

THE RELEVANT AUTHORITIES SHOULD BE CONTACTED IN ORDER TO OBTAIN THE NECESSARY APPROVAL SHOULD THE RESEARCH INVOLVE UTILIZATION OF SPACE AND/OR FACILITIES AT OTHER INSTITUTIONS/ORGANISATIONS. WHERE QUESTIONNAIRES ARE USED IN THE PROJECT, THE RESEARCHER SHOULD ENSURE THAT THE QUESTIONNAIRE INCLUDES A SECTION AT THE END WHICH SHOULD BE COMPLETED BY THE PARTICIPANT (PRIOR TO THE COMPLETION OF THE QUESTIONNAIRE) INDICATING THAT HE/SHE WAS INFORMED OF THE NATURE AND PURPOSE OF THE PROJECT AND THAT THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

cc. Derek Buchler
cc. Supervisor (Prof. A Muthukrishna)